



**THE UNIVERSITY OF TEXAS AT EL PASO  
EMPLOYEE BIOGRAPHICAL INFORMATION**

**EMPLOYEE BIOGRAPHICAL DATA**

Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_  
                         Last                        First                        MI

Home Address: \_\_\_\_\_  
                                 Street                                City                                State                                Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
                                 MM/DD/YY

**EMPLOYMENT INFORMATION**

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Job Code: \_\_\_\_\_ MM/DD/YY  
 Department: \_\_\_\_\_

Employment Status:  
 Staff  Faculty  Adjunct  Student  Casual Labor

**PREVIOUS EMPLOYMENT INFORMATION**

Previously Employed at UTEP:  Yes  No Current/Former UTEP Student:  Yes  No

**EDUCATION INFORMATION**

Indicate the highest COMPLETED level of education (Check only one)

- Less than High School
- High School Diploma/GED
- Associate's Degree
- Bachelor's Degree
- Master's degree
- Special Professional Degree (LLB, JD, THD, PHARM D, DO)
- Medical Degree
- Doctoral Degree

Graduation Year: \_\_\_\_\_ Degree Abbreviation: \_\_\_\_\_ Institution: \_\_\_\_\_

*I hereby authorize and release the University of Texas at El Paso-Human Resources to obtain a copy of my UTEP unofficial transcripts for verification of credentials.* \_\_\_\_\_ (Employee Initials)

**TEACHING EXPERIENCE (FACULTY ONLY)**

Total Number of teaching years excluding T.A. Experience: \_\_\_\_\_

Number of years teaching at UT El Paso: \_\_\_\_\_

*I certify the information provided above is true, complete, and correct to the best of my knowledge.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**HR DEPARTMENT USE ONLY**

Empl ID: \_\_\_\_\_

Date Entered: \_\_\_\_\_

By: \_\_\_\_\_



**THE UNIVERSITY OF TEXAS AT EL PASO  
EMPLOYEE RELATIONSHIP INFORMATION SHEET**

**Employee Biographical Data**

Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_  
Last First MI

**Nepotism**

Are you related by kinship or marriage to any current employee or member of the Board of Regents of the University of Texas System or UTEP?

Yes  No

Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_

**Emergency Contacts**

**Primary Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Alternate Phone: ( ) - \_\_\_\_\_

*If providing foreign phone numbers, what country are they from?* \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Alternate Phone: ( ) - \_\_\_\_\_

*If providing foreign phone numbers, what country are they from?* \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**THE UNIVERSITY OF TEXAS AT EL PASO  
EMPLOYEE RACE AND ETHNICITY INFORMATION**

**EMPLOYEE BIOGRAPHICAL DATA**

Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_  
                    Last                      First                      MI

**ETHNICITY**

**Do you consider yourself to be Hispanic/Latino/Spanish Origin?**

- Yes
- No

**RACE**

**In addition, select one or more of the following racial categories to describe yourself:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**



**THE UNIVERSITY OF TEXAS AT EL PASO  
PUBLIC ACCESS OPTION FORM**

**EMPLOYEE BIOGRAPHICAL DATA**

Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_  
                     Last                    First                    MI

Last 4 digits of SSN: \_\_\_\_\_ Job Title: \_\_\_\_\_

*The Public Information Act allows employees, public officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act.*

**PLEASE INDICATE WHETHER YOU WISH TO ALLOW PUBLIC RELEASE OF THE FOLLOWING INFORMATION:**

**Yes**

**No**

<b>1. Social Security Number</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Home Address(es)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Home Telephone Number</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Family Information</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Emergency Contacts</b>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2015</span>
1 Your first name and middle initial <span style="float: right;">Last name</span>		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <input style="width: 40px;" type="text"/>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <input style="width: 40px;" type="text"/>
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <input style="width: 40px;" type="text"/>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



THE UNIVERSITY OF TEXAS AT EL PASO
RETIREMENT PLAN CERTIFICATION

Name: Last First MI Last 4 digits of SSN:

Position:

It is important that we ascertain a history, as well as current status, of your retirement plan participation. Please answer the following questions to the best of your knowledge, then sign and date at the bottom of this form.

1. When and where were you first employed in public/higher education in Texas?

Table header: Year, District/College, Location

2. Do you or have you ever participated in the Optional Retirement Program of Texas?

- Yes
No

3. Have you every participated in the Teacher Retirement System of Texas?

- Yes
No

4. Are you currently contributing to Teacher Retirement System of Texas through other employment, i.e., El Paso Community College, local school district, etc.?

- Yes With whom?:
No

If the answer to any of the above questions is "Yes", please complete the following:

Yes No Have you ever worked for any agency of the State of Texas other than in public education?

Yes No Have you withdrawn a Texas Retirement System of Texas account?

Table with 5 columns: School District, College, or Agency; Location; Year; Under What Name; If Withdrawn, please give date.

5. Are you a State of Texas service retiree? Yes No Retirement Date:

6. Are you enrolled in another statewide insurance plan? Yes No

I certify that the statements made by me in this certification are true, complete and correct to the best of my knowledge.

Employee Signature

Date

**THE UNIVERSITY OF TEXAS AT EL PASO**  
**STATE AND FEDERAL VETERAN SELF-IDENTIFICATION FORM**  
**INFORMATION FOR REPORTING TO STATE, FEDERAL, AND EO AGENCIES**

The University of Texas at El Paso is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. If you are a disabled veteran, recently separated veteran, active duty wartime or campaign badge veteran, or Armed Forces service medal veteran, or qualify under any of the categories listed below, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us.

<b>Employee Information</b>	
Name:	Empl ID:
Department:	
<b>General Veteran Status</b>	
<input type="checkbox"/> I am NOT an armed services veteran, a surviving spouse, or an orphan of a veteran.	
<b>Texas Veteran Information</b>	
<input type="checkbox"/> <b>Veteran</b> I have served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service connected disability, <b>and</b> was honorably discharged from military service and I am competent.	
<input type="checkbox"/> <b>Surviving Spouse of a Veteran</b> If you are a veterans spouse who has not remarried and is competent, <b>and</b> the veteran served in the military for not less than 90 consecutive days during a national emergency and was killed while on active duty.	
<input type="checkbox"/> <b>Orphan of a Veteran</b> If you are a veteran's orphan who is competent, <b>and</b> the veteran served in the military for not less than 90 consecutive days during a national emergency and who was killed while on active duty.	
<b>Federal Veteran Information</b>	
<input type="checkbox"/> I am NOT a protected veteran	
<input type="checkbox"/> I am a protected veteran, but I choose not to self-identify the classification to which I belong	
<input type="checkbox"/> <b>Disabled Veteran</b> Refers to a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary, or was discharged or released from active duty because of a service-connected disability	
<input type="checkbox"/> <b>Recently Separated Veteran</b> Refers to any veteran during the three-year period (36-months) beginning on the date of such veteran's discharge or release from active duty.	
Military Service Dates From: _____ to _____	
<input type="checkbox"/> <b>Active Duty Wartime or Campaign Badge Veterans</b> Refers to a person who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.	
<input type="checkbox"/> <b>Armed Forces Services Medal Veteran</b> Refers to a person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).	
<b>Additional Veteran Categories</b>	
<input type="checkbox"/> <b>Veteran of the Vietnam Era</b> A veteran, an part of whose active U.S. military, ground, naval, or air service was during the period February 28, 1961 to May 7, 1975 or August 5, 1964 to May 7, 1975 who: (i.) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge; or (ii.) was discharged or released from active from active duty because of a service connected disability if any part of such duty was performed between the dates cited.	
<input type="checkbox"/> <b>Special Disabled Veteran</b> A person: (i.) is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability, and is (a) rated at 10 percent or more, or (b) rated at 10 to 20 percent in the case of a veteran who has been determined under Section 38, U.S.C. 3 106, to have a serious employment handicap, or (ii) was discharged or released from active duty because of a service connected disability.	
<input type="checkbox"/> <b>Other Protected Veteran</b> Veteran who serve on active duty in the U.S. military, ground, naval, or air service during a war and campaign or expedition for which a campaign badge has been awarded.	



## DISCLAIMER AND ADDITIONAL INFORMATION

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

If you are a disabled veteran it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

A copy of the affirmative action plan is available upon request by contacting the Equal Opportunity Office, between 8:00 am – 5:00 pm Monday – Friday, via email at [eoaa@utep.edu](mailto:eoaa@utep.edu) or in person at 500 W. University, Kelly Hall Room 302, El Paso, TX 79968.

### Employee Acknowledgement

*I certify that the above information is true and correct to the best of my knowledge.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***The University of Texas at El Paso is an Equal Opportunity/Affirmative Action employer. The University does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, genetic information, veteran status, or sexual orientation in employment or the provision of services.***

# Voluntary Self-Identification of Disability

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below: \_\_\_\_\_

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



# Direct Deposit

The University of Texas at El Paso is pleased to offer a fast and easy way to enroll in direct deposit. UTEP offers payroll and reimbursement direct deposit options to all employees. Direct Deposits are an efficient way to electronically deposit funds into a checking, savings, or cash card accounts. Employees, even have the ability to have their payroll check distributed across three separate accounts. Below is the navigation and contact information to help you get started with your direct deposit enrollment.

**Please follow the navigation below to enroll online:**

>[admin.utep.edu/hr](http://admin.utep.edu/hr) > HR forms > Payroll Forms > Employee Direct Deposit

UTEP Payroll  
Oregon Street Suite 100  
El Paso, Texas 79902  
Phone: (915) 747-5171



# Instructions for Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

#### **Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

#### **Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

## **Section 2. Employer or Authorized Representative Review and Verification**

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.



Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

**3-D Barcode  
Do Not Write In This Space**

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

**STOP** Employer Completes Next Page **STOP**

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)		Employer's Business or Organization Name	
			University of Texas at El Paso	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
500 W University Ave		El Paso	TX	79968-0001

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>	<b>AND</b>	
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

**ACKNOWLEDGMENT OF ELIGIBILITY FOR BENEFITS UNDER  
A STATE SPONSORED RETIREMENT PLAN  
UT SYSTEM EMPLOYEE GROUP INSURANCE PLAN**

**ELIGIBILITY AND STATE PREMIUM SHARING ACKNOWLEDGMENT:**

I acknowledge that I have 31 days from my effective employment date of \_\_\_\_\_ to make elections to my group insurance plans, which includes Medical, Dental, Group Term Life, Personal Accident Insurance, Long & Short Term Disability and Long Term Care. Once I have made an election, no further changes can be made to my coverage except as a result of a family status change or as provided during an Annual Enrollment period.

**Agreed and Acknowledged by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Benefit Representative Signature

**STATE SPONSORED RETIREMENT PLAN ELIGIBILITY:**

As a new Optional Retirement or Teacher Retirement plan participant, I understand that my participation in one of the two retirement programs is mandated by the State of Texas. I further understand that retirement deductions will begin the payroll check following my employment date.

**Agreed and Acknowledged by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Benefit Representative Signature

**Notice of Personal Information**

The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:

1. With few exceptions, you are entitled on your request to be informed about the information The University of Texas System Administration collects about you;
2. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information; and
3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas System Administration correct information about you that is held by The University of Texas System Administration and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, *Texas Public Information Act*.

The information that The University of Texas System Administration collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

**ACKNOWLEDGMENT OF ELIGIBILITY FOR BENEFITS UNDER  
A STATE SPONSORED RETIREMENT PLAN  
UT SYSTEM EMPLOYEE GROUP INSURANCE PLAN**

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**Agreed and Acknowledged by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Benefit Representative Signature

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# The University of Texas at El Paso

## Workers' Compensation Network Acknowledgement Form

I have received the Notice of Network Requirements which informs me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of physicians in the **IMO Med-Select Network**. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I *may have to pay* the bill if I get health care from someone other than a network doctor without network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement Form, I am still required to use the network.

Please fill out the following information before signing and submitting this completed acknowledgement form:

Name of Carrier: The University of Texas System

Employee ID #: \_\_\_\_\_ Name of Network: IMO Med-Select Network

Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address – No P.O. Box or Work Address

City

State

Zip Code

County

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Phone Number

Contact: Jackie De Arman, WC Advisor  
UTEP Environmental Health & Safety  
915.747.7199 or 490.2725





**THE UNIVERSITY OF TEXAS AT EL PASO  
NOTICE TO EMPLOYEE CONCERNING  
WORKERS' COMPENSATION IN TEXAS**

**COVERAGE:** THE UNIVERSITY OF TEXAS AT EL PASO has workers' compensation insurance coverage. The UNIVERSITY is self insured by *THE UNIVERSITY OF TEXAS SYSTEM WCI OFFICE* to protect you in the event of a work-related injury or illness. An employee or a person acting on the employee's behalf must notify the employer of an injury or illness not later than the 30<sup>th</sup> day after the date on which the injury occurs or the date the employee knew or should have known of an illness, unless the Commission determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to become covered by workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The Commission provides free information about how to file a workers' compensation claim. Commission staff will explain your rights and responsibilities under the Workers' Compensation Act and assist in resolving disputes about a claim. You can obtain this assistance by contacting your local Commission field office or by calling 1-800-252-7031.

**SAFETY HOTLINE:** The Commission has established a 24-hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division of Workers' Health and Safety at 1-800-452-9595.

**Notice to New Employees**

You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefit if you are injured.

**Acknowledgement:**

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



THE UNIVERSITY OF TEXAS AT EL PASO  
ACKNOWLEDGEMENT OF POLICIES RECEIVED

TO: ALL EMPLOYEES AT THE UNIVERSITY OF TEXAS AT EL PASO

I HEREBY AGREE AND ACKNOWLEDGE:

1. That my employment is undertaken subject to all state laws, Regents' Rules and Regulations, and local institutional rules, as amended.
2. That I have been furnished copies of the following:
  - a. Excerpts from the Current Appropriations Bill
    - i. Political Aid and Legislative Influence Prohibited
    - ii. Standards of Conduct, Excerpts from Acts 1973, 63<sup>rd</sup> Legislature, page 1086, Chapter 421, Declaration of policy
    - iii. 66<sup>th</sup> Legislature of Texas – Regular Session, State Purchasing and General Services Act, House Bill 1673, Article 8 – Property Accounting
    - iv. Intellectual Property Policy Regulations – The University of Texas System Regents' Rules and Regulations, Part Two, Chapter XII, Section 2
    - v. Notice to employees, Retaliation Prohibited by State Law
  - b. Standards of Conduct and Political Activities
    - i. The University of Texas at El Paso Conflicts of Interest Policy
    - ii. Government Code, Sec. 572.051. Standards of Conduct
    - iii. Government Code, Chapter 556. Political Activities by Certain Public Entities and Individuals
  - c. H.B. No. 1922 An Act, Chapter 559. State Government Privacy Policies
  - d. The University of Texas at El Paso Code of Ethics, Editorial Amendment issued June 1994
  - e. The University of Texas at El Paso, Acceptable Use Policy.
  - f. The University of Texas at El Paso, Social Security Number Use and Solicitation

The information that the University of Texas at El Paso collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code and rules). Different types of information are kept for different periods of time.

Agreed and Acknowledged by:

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



THE UNIVERSITY OF TEXAS AT EL PASO  
ACKNOWLEDGEMENT OF POLICIES RECEIVED

TO: ALL EMPLOYEES AT THE UNIVERSITY OF TEXAS AT EL PASO

I HEREBY AGREE AND ACKNOWLEDGE:

1. That my employment is undertaken subject to all state laws, Regents' Rules and Regulations, and local institutional rules, as amended.
2. That I have been furnished copies of the following:
  - a. Excerpts from the Current Appropriations Bill
    - i. Political Aid and Legislative Influence Prohibited
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    - iii. 66<sup>th</sup> Legislature of Texas – Regular Session, State Purchasing and General Services Act, House Bill 1673, Article 8 – Property Accounting
    - iv. Intellectual Property Policy Regulations – The University of Texas System Regents' Rules and Regulations, Part Two, Chapter XII, Section 2
    - v. Notice to employees, Retaliation Prohibited by State Law
  - b. Standards of Conduct and Political Activities
    - i. The University of Texas at El Paso Conflicts of Interest Policy
    - ii. Government Code, Sec. 572.051. Standards of Conduct
    - iii. Government Code, Chapter 556. Political Activities by Certain Public Entities and Individuals
  - c. H.B. No. 1922 An Act, Chapter 559. State Government Privacy Policies
  - d. The University of Texas at El Paso Code of Ethics, Editorial Amendment issued June 1994
  - e. The University of Texas at El Paso, Acceptable Use Policy.
  - f. The University of Texas at El Paso, Social Security Number Use and Solicitation

The information that the University of Texas at El Paso collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code and rules). Different types of information are kept for different periods of time.

Agreed and Acknowledged by:

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

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## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

- Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year? \_\_\_\_\_**

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

# **IMO MED-SELECT NETWORK®**

**A Certified Texas Workers' Compensation  
Health Care Network**

**Notice of Network Requirements for  
The University of Texas System**

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## **IMO Med-Select Network<sup>®</sup>** **Notice of Network Requirements**

1. *The University of Texas System* is using a certified workers' compensation health care network called the **IMO Med-Select Network<sup>®</sup>**.
2. For any questions you may contact IMO by:
  - a. Calling IMO Med-Select Network<sup>®</sup> at 888.466.6381
  - b. Writing to P.O. Box 118577, Carrollton, Texas 75011
  - c. E-mailing questions to [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com)
3. Each certified workers' compensation network must have one or more service areas where doctors and other health care workers are available to treat you if you are hurt on the job. The network's service areas are in the following counties:

1. Atascosa	21. Fayette	41. Montgomery
2. Austin	22. Fort Bend	42. Navarro
3. Bandera	23. Galveston	43. Parker
4. Bastrop	24. Gonzales	44. Rains
5. Bell	25. Grayson	45. Rockwall
6. Bexar	26. Guadalupe	46. San Jacinto
7. Blanco	27. Harris	47. Smith
8. Brazoria	28. Hays	48. Starr
9. Burleson	29. Henderson	49. Tarrant
10. Burnet	30. Hidalgo	50. Travis
11. Caldwell	31. Hill	51. Van Zandt
12. Cameron	32. Hood	52. Waller
13. Chambers	33. Hunt	53. Washington
14. Colorado	34. Johnson	54. Wharton
15. Collin	35. Karnes	55. Williamson
16. Comal	36. Kaufman	56. Wilson
17. Dallas	37. Kendall	57. Wise
18. Denton	38. Lee	58. Wood
19. El Paso	39. Liberty	
20. Ellis	40. Medina	

4. A map of the service area with the above counties can also be viewed on the IMO website at [www.injurymanagement.com](http://www.injurymanagement.com) or on page seven of this Notice of Network Requirements packet.
5. You have the right to select your HMO primary care physician (PCP) as your treating doctor if your HMO PCP was selected prior to your injury at work. The network prefers that you make this decision as soon as possible. Your HMO PCP must agree to abide by the workers' compensation health care network's contract and rules.



6. Except for emergencies, if you are hurt at work and live in the network service area, you must choose a treating doctor from the list of network doctors. All services and referrals are to be received from your treating doctor.
7. Except for emergencies, the network must arrange for services, including referrals to specialists, to be accessible to you on a timely basis and within the time appropriate to the circumstances and your condition, but no later than 21 days after the date of the request.
8. If you need emergency care, you may go anywhere. If you become injured after business hours and it is not an emergency, go to the closest health care facility.
9. If you cannot contact your treating doctor after business hours, and you are in need of urgent care, go to the closest health care facility.
10. You may not live in the network service area. If so, you are not required to receive care from network providers.
11. If you are hurt at work and you do not believe that you live within the network service area, contact your UT System claims adjuster. UT System must review the information within seven calendar days and notify you of their decision in writing.
12. UT System may agree that you do not live in the network service area. If you receive care from an out-of-network provider, you may have to pay the bill for health care services if it is later determined that you live in the network service area.
13. If you disagree with the UT System decision in regards to the network service area, you may file a complaint with the Texas Department of Insurance. Complaint form information is addressed in #30.
14. Even if you believe you do not live in the network service area, you still may receive health care from network doctors and other network health care staff while your complaint is reviewed by UT System and the Texas Department of Insurance.
15. UT System will pay for services provided by the network treating doctor and other network health care providers. Except for emergency care, you may have to pay the bill if you get care from someone other than a network doctor without approval.
16. All network doctors and other providers will only bill UT System for medical services as related to the compensable work injury. The employee should not be billed by the network provider.
17. Unless there is an emergency need, the network must approve any of the following health care services before they are provided to you:
  - a. Admission to a hospital
  - b. Physical therapy/occupational therapy, beyond allowable sessions
  - c. Chiropractic care, beyond allowable sessions
  - d. Any type of surgery
  - e. Some initial and repeat diagnostic testing

- f. Certain injections
- g. All work hardening or work conditioning programs
- h. Equipment that costs more than \$1,000
- i. Any investigational or experimental services or devices
- j. Any treatment, service, medication, diagnostic test or durable medical equipment that falls outside of or not recommended by any one of the following Evidence Based Guidelines: i) Official Disability Guidelines; ii) American College of Occupational and Environmental Medicine; iii) Medical Disability Advisor
- k. Mental health care
- l. All chronic pain programs

18. Definition: "Adverse Determination" means a determination, made through utilization review or retrospective review, that the health care services furnished or proposed to be furnished to an employee are *not* medically necessary or appropriate.
19. If the proposed health care services are for concurrent hospitalization, the person performing utilization review must, within 24 hours of receipt of the request, transmit a determination indicating whether the proposed services are pre-authorized. For all other requests for pre-authorization, the person performing utilization review must issue and transmit the determination no later than three business days after the date the request is received.
20. If the network issues an adverse determination of the request for health care services, you, a person acting on your behalf or your doctor may file a request for reconsideration by writing a letter or calling the network. Even though you can request a reconsideration of the denial yourself, the network encourages you to talk to your doctor about *filing* the reconsideration. He or she may have to send medical information to the network. This reconsideration must be submitted within 30 days of the date that your doctor receives the adverse determination in writing.
21. The network will respond to the reconsideration request within five business days of receipt demonstrating that the network has received the information. The network has up to 30 business days for the final determination. If it is a reconsideration request for concurrent review, the network will respond within three business days. The network will respond within one business day if it is a reconsideration request which involves a denial of proposed health care services involving post-stabilization treatment, life-threatening conditions or for continued length of stay in a facility.
22. Independent Review Organization (IRO) exemption: An employee with a life-threatening condition is entitled to an immediate review by an IRO and is *not* required to comply with the procedures for a reconsideration of an adverse determination.
23. If the network renders an adverse determination on a reconsideration of the following: i) a pre-authorization review, ii) a concurrent review or iii) a retrospective review, the notification will include information on how to request an IRO. Requests for an IRO must be sent no later than 45 days from the date of the denial of the reconsideration.
24. If the situation is life threatening, you do not have to go through the network reconsideration process. You, the person acting in your behalf, or the requesting provider may request a review

by an IRO. IRO requests shall be made to the Texas Department of Insurance on behalf of the patient by the Utilization Review Agent (URA).

25. An IRO review may be requested for several other reasons besides a life-threatening situation. The reasons may include: i) if the network denies the health care a second time by denying your reconsideration; ii) if the network denies the referral made by your treating doctor because it is not medically necessary; or iii) if the network denies your care because it is not within treatment guidelines.
26. After the review by the IRO, they will send a letter explaining their decisions. UT System will pay the IRO fees.
27. Your treating doctor may decide to leave the network. If so, and if it may harm you to immediately stop the doctor's care, UT System/Network must pay your treating doctor for up to 90 days of continued care.
28. If you are dissatisfied with any part of the network, you can file a complaint. Any complaint must be filed within 90 days of the event that you are dissatisfied. When a complaint is received, you will be sent a notification letter within seven days, which will describe the complaint procedures. The network will review and resolve the complaint within 30 days of receipt. *You can contact the network by:*
  - a. Calling: 877.870.0638
  - b. Writing: IMO Med-Select Network<sup>®</sup>  
**Attention: NetComplaint Dept.**  
P.O. Box 118577  
Carrollton, TX 75011
  - c. E-mailing: netcomplaint@injurymanagement.com
29. The network will not retaliate if:
  - a. An employee or employer, who files a complaint against the network or appeals a decision of the network, or
  - b. A provider who, on behalf of the employee, files a complaint against the network or appeals a decision of the network.
30. If you file a complaint with the network and are dissatisfied with the network resolution, you may file an appeal with the Texas Department of Insurance (TDI). *You can receive a complaint form from:*
  - a. The TDI website at [www.tdi.state.tx.us](http://www.tdi.state.tx.us), or
  - b. Write to TDI at the following address:  
**Texas Department of Insurance**  
HMO Division, Mail Code 103-6A  
P.O. Box 149104  
Austin, TX 78714-9104

**31. Within five business days, the network will send a letter confirming they received the appeal.**

**32. A list of network providers will be updated every three months, including:**

- a. The names and addresses of network providers grouped by specialty. Treating doctors shall be identified and listed separately from specialists; and**
- b. Providers who are authorized to assess maximum medical improvement and render impairment ratings shall be clearly identified.**

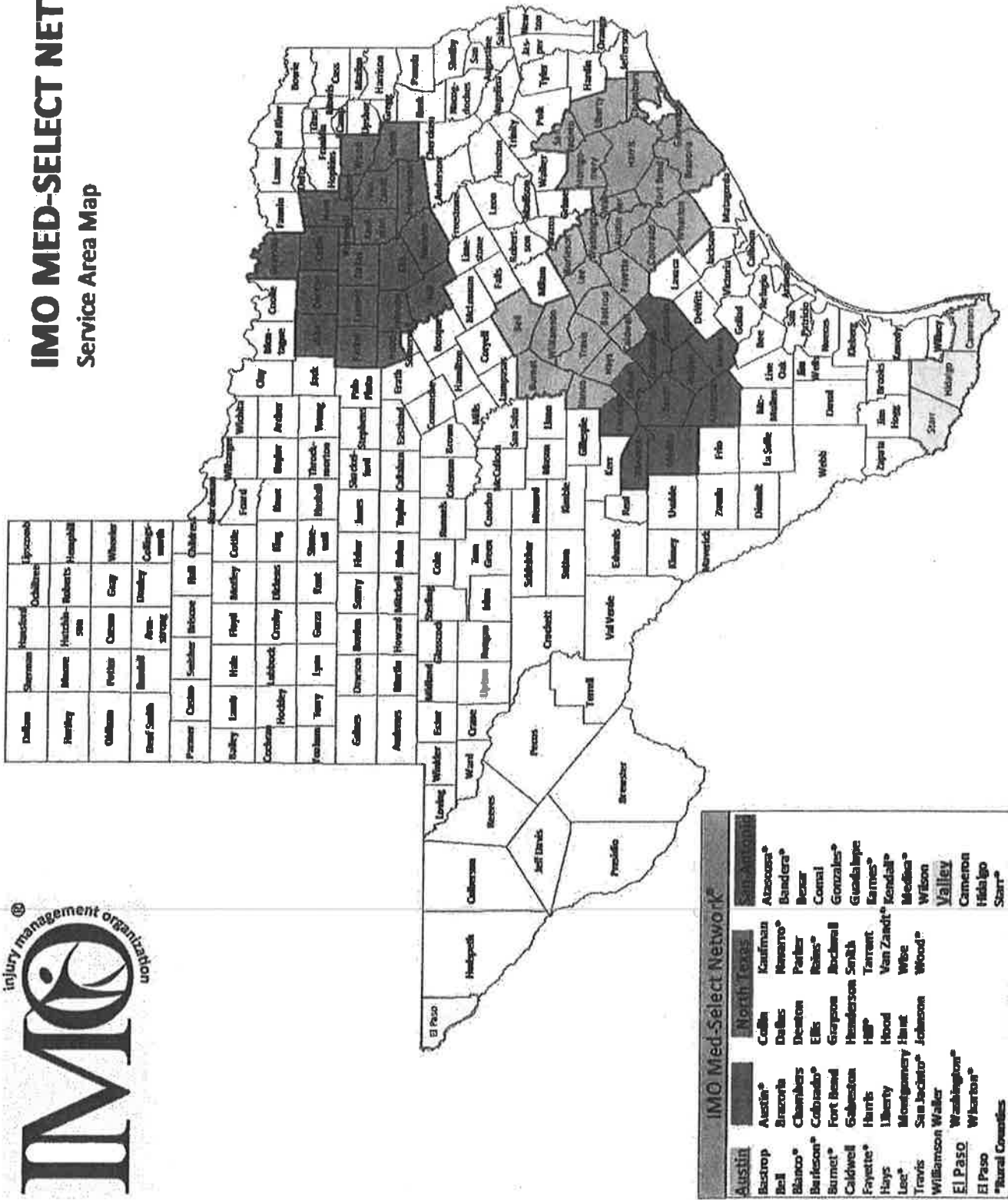
**33. To obtain a provider directory:**

- a. You can request a copy from your employer, or**
- b. You can view, print or email a list online at [www.injurymanagement.com](http://www.injurymanagement.com).**



# IMO MED-SELECT NETWORK®

## Service Area Map



IMO Med-Select Network			
<b>Austin</b>	<b>North Texas</b>	<b>South Texas</b>	<b>Valley</b>
Austin*	Collin	Atascosa*	Washington*
Bastrop	Dallas	Brewster*	Wharton*
Bell	Denton	Brewster*	El Paso
Blanco*	Ellis	Brewster*	Rural Counties
Burlesque*	Garyson	Brewster*	
Burnet*	Harrison	Brewster*	
Caldwell	Hill	Brewster*	
Fayette*	Hood	Brewster*	
Hays	Hood	Brewster*	
Lee*	Montgomery	Brewster*	
Travis	San Jacinto*	Brewster*	
Williamson	Walker	Brewster*	
El Paso	Washington*	Brewster*	
El Paso	Wharton*	Brewster*	
Rural Counties		Brewster*	

## THE UNIVERSITY OF TEXAS AT EL PASO CONFLICTS OF INTEREST POLICY ADOPTED UNDER SECTION 572.051, GOVERNMENT CODE<sup>1</sup>

**Mission and Values:** The mission of The University of Texas at El Paso (UTEP) is to provide quality higher education to a diverse student population through dedication to teaching and the creation, interpretation, application, and dissemination of knowledge. In support of that mission, we value and are committed to maintaining high standards of excellence, integrity, and accountability in our conduct. This conflicts of interest policy is intended to enhance the ability of the employees of UTEP to act ethically in accordance with those values and with the law, and to fulfill our obligation to be good stewards of the resources that have been entrusted to us.

**Application:** This conflicts of interest policy applies to all employees of UTEP.

**What is a Conflict of Interest?** A conflict of interest exists when you owe a professional obligation to UTEP that is or might be compromised by the pursuit of outside interests. Outside interests, such as professional activities, personal financial interests, or the acceptance of gifts from third parties, can create conflicts between the interests of UTEP and your private interests and may prevent you from making decisions that are in the best interest of UTEP. Even if those outside interests do not actually impair your ability to act in the best interest of UTEP, it may appear to the public that your independence of judgment has been affected. The purpose of this policy is to provide an executive summary of conflict of interest laws, rules, and policies, all of which are intended to preserve the public trust in our integrity by preventing bias or the appearance of bias in our decision-making.

**Other Information on Ethical Behavior:** This policy addresses only conflicts of interest. Other ethical issues may arise, such as issues related to the use of government resources, sexual harassment, political activities, legislative lobbying, and the use of confidential information. Those issues are fully discussed in the UTEP Standards of Conduct Guide. Additional information may be found on the website of the UT System Office of General Counsel at [www.utsystem.edu/ogc/ethics](http://www.utsystem.edu/ogc/ethics).

**Gifts:** There are two standards under Texas law governing gifts – (1) a general standard of conduct that applies to all employees and (2) a criminal standard that applies only to those persons who make recommendations or decisions about contracts and other financial transactions.

Under the general standard, you should not accept or solicit any gift, favor, or service that might reasonably tend to influence you in the discharge of official duties or that you know or should know is being offered with the intent to influence official conduct. This standard applies even though the donor is not asking you to do something in exchange for the gift. A gift is *anything of value*, including tickets to entertainment or sporting events,

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<sup>1</sup> This conflicts of interest policy is adopted pursuant to Section 572.051, Government Code.

expenses for a trip, and food. Acceptance or solicitation of a gift in violation of this standard is not a criminal offense, but is grounds for discipline, including termination.

Criminal penalties may apply to persons who make recommendations or decisions about UTEP financial transactions. If those are your job duties, you may not accept a gift from an individual or entity that is interested in or likely to become interested in that transaction, with limited exceptions. Under those exceptions, it is not a criminal offense to accept the following type of gift if the gift is not given in exchange for your official action (it is *never* lawful to accept a gift in exchange for official action):

- Non-cash items worth less than \$50.
- A gift from a person such as a relative, friend, or business associate with whom you have a relationship independent of your official status, if the gift is given on account of that relationship rather than your official status.
- Food, lodging, transportation, or entertainment in any amount if you accept them as a “guest,” which means the donor must be present.<sup>2</sup>

Note that even though you may accept a gift described above without committing a crime, acceptance of the gift may still violate the general standard of conduct and constitute grounds for discipline.

Additional restrictions apply if the gift is from a student loan lender. The definition of “student loan lender” is very broad and covers entities that may not traditionally be thought of as student loan lenders. You should consult the Office of Legal Affairs or UT System’s Office of General Counsel to determine if the proposed gift from the student loan lender is permissible under the Texas Higher Education Fair Lending Practices Agreement.

It is important to remember that even though the acceptance of a gift may not constitute a crime, it may appear to the public that a gift has influenced you in performing your job. You should not accept any gift that could appear to influence your official conduct, even if the gift is technically legal.

**Summary: Do not accept any gift that could appear to influence your official conduct.**

**Outside Employment or Compensation:** You should not accept other employment or compensation that could reasonably be expected to impair your independence of judgment in performing your official duties. Your primary responsibility is the accomplishment of the duties and responsibilities assigned to your position at UTEP. External consulting or outside employment that interferes with those duties and responsibilities should not be accepted. Any outside employment, including self-employment or employment by another state agency, must first be approved by your

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<sup>2</sup> The law provides additional prohibitions if the donor is a lobbyist registered with the Texas Ethics Commission. It is advisable to consult the Office of General Counsel before accepting a gift from a lobbyist.

department head. You must request approval by submitting a Request for Prior Approval of Outside Board Service and Outside Employment Form that describes the nature and extent of the outside employment. The contemplated employment will be evaluated to determine if a conflict of interest or the appearance of a conflict of interest exists between your outside commitments and your responsibilities to UTEP.

Additionally, you should not accept other employment or engage in a business or professional activity that you might reasonably expect would require or induce you to disclose confidential information acquired through your official position.

**Summary: Do not accept outside employment that interferes with your responsibilities to UTEP. Any outside employment must first be approved by the appropriate administrative officials. Additional information on outside employment is available in the UTEP Handbook of Operating Procedures, Section V. Chapter 4.1 (All Employees) and UTEP Handbook of Operating Procedures, Section III. Chapter 4.10 (Faculty).**

**Outside Board Service:** Outside board service is generally deemed to be in the best interest of UT System because it broadens the experience of the individuals involved and exposes UT System to a larger audience of business, civic, professional, and social leaders. However, recognizing that your primary duty is the performance of your job at UTEP, the position may not create a conflict of interest and may not impose an unreasonable time requirement. Before accepting a position on an outside board, the outside board service must be evaluated to determine whether any potential conflict of interest exists. You must then submit a Request for Prior Approval of Outside Board Service and Outside Employment Form for approval by the appropriate administrative officials. The President is subject to certain additional provisions, including the requirement to file a report on outside board service with the Vice Chancellor for Administration in September of each year.

**Summary: Do not accept a position on an outside board that creates a conflict of interest or that imposes an unreasonable time commitment. Outside board service must first be approved by the appropriate administrative officials. Additional information on outside board service is available in the UTEP Handbook of Operating Procedures, Section V. Chapter 4.3.**

**Honoraria:** You may not accept an honorarium for services you would not have been asked to provide but for your official status. For example, you may not accept a gift or payment for giving a speech if you would not have been asked to provide the speech but for your official position. However, you may accept meals, transportation, and lodging in connection with your services as long as the services are more than merely perfunctory or superficial. Also, you may accept a gift of very minimal value, such as a plaque or coffee cup.

**Summary: Do not accept an honorarium for services you would not have been asked to provide but for your official position.**



**Personal Investments:** You should not make personal investments that could reasonably be expected to create a substantial conflict between your private interest and the public interest. This means that you should not have a direct or indirect financial interest in a business that conflicts with UTEP interests or that might influence how you do your job. Some financial interests may be so indirect or so minimal that they do not create conflicts of interest, such as ownership of a minimal amount of stock in a company or an investment in a publicly traded mutual fund in which you do not exercise discretion regarding the investment of the assets of the fund. If you are not sure whether a particular investment creates a conflict of interest, you should ask your supervisor or consult with the Office of Legal Affairs.

If you do have an interest in a business that you think might constitute a conflict of interest, disclose that interest to your supervisor. In some cases, you may be able to cure the conflict by not participating in any decision concerning that business. However, if the conflict is significant, you may be required to divest yourself of the interest that causes the conflict.

**Summary: Do not make personal investments that create a substantial conflict between your private interest and the public interest.**

**Self-dealing/Transactions with Employees:** You may not transact any business in an official capacity with any business entity of which you are an officer, agent, or member, or in which you own a substantial interest.

Additionally, before UTEP may purchase any supplies, materials, services, equipment, or property from you, the President must approve the purchase, and the purchase may be made only if the cost is less than from any other known source.

**Summary: Do not transact public business with your private business. The President must approve any purchases from you, and the purchase may be made only if the cost is less than from any other known source.**

**Benefits for Performing Official Duties:** You should not intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised your official powers or for having performed your official duties in favor of another. If the benefit was given in exchange for an official act, it could constitute the criminal offense of bribery.

**Summary: Do not accept a benefit for having done your job in favor of another.**

**Required Disclosures:** You must file timely written disclosure statements as required by law, rule, or policy. Your position with UTEP and your contemplated activity will determine which disclosure statements are required.

**Summary: Be aware of any disclosure statements you are required to file and be sure to file them timely.**

**Consequences for Violations:** There are consequences for failing to comply with conflict of interest laws, rules, or policies. The law provides that appropriated money may not be used to compensate an employee who violates the standards of conduct. Failure to comply is grounds for disciplinary action by UTEP, including termination of employment. Additionally, civil and criminal penalties may apply under certain circumstances.

**Summary: You may be subject to disciplinary action or civil or criminal penalties for violating a conflict of interest law, rule, or policy.**

**Application of Other Conflicts of Interest Policies, Contract Provisions, Agreements, Laws, or Rules:** This policy does not rescind any policy provided by UT System or UTEP, any departmental policy, any contract provision, any agreement with the Texas Attorney General, or any law or rule that is more specific or more restrictive concerning conflicts of interest. You are required to comply with the more specific or restrictive policy, contract provision, agreement, law, or rule.

**Questions or Reports of Violations:** If you have questions about an actual or potential conflict of interest, you may ask your supervisor. Additionally, you may always contact the Office of Legal Affairs with any conflict of interest questions at (915) 747-5056.

You should report any suspected wrongdoing to your department head or to the Office of Institutional Compliance. You may also report suspected violations on the toll-free Compliance Helpline at 1-888-228-7713. You may not be retaliated against for a good-faith report of suspected wrongdoing. Detailed information on reporting possible violations may be found in the UTEP Standards of Conduct Guide.

**By receipt of this policy, you acknowledge that you have been informed of The University of Texas at El Paso's Conflicts of Interest Policy adopted under and distributed in accordance with Section 572.051, Government Code.**



**THE UNIVERSITY OF TEXAS AT EL PASO  
STANDARDS OF CONDUCT AND POLITICAL ACTIVITIES**

State law requires that the following provisions from the *Government Code* be provided and a signed receipt secured from each officer or employee.

*Government Code, Sec. 572.051. Standards of Conduct.*

A state officer or employee should not:

- (1) accept or solicit any gift, favor, or service that might reasonably tend to influence the officer or employee in the discharge of official duties or that the officer or employee knows or should know is being offered with the intent to influence the officer's or employee's official conduct;
- (2) accept other employment or engage in a business or professional activity that the officer or employee might reasonably expect would require or induce the officer or employee to disclose confidential information acquired by reason of the official position;
- (3) accept other employment or compensation that could reasonably be expected to impair the officer's or employee's independence of judgment in the performance of the officer's or employee's official duties;
- (4) make personal investments that could reasonably be expected to create a substantial conflict between the officer's or employee's private interest and the public interest; or
- (5) intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the officer's or employee's official powers or performed the officer's or employee's official duties in favor of another.

*Government Code, Chapter 556. Political Activities by Certain  
Public Entities and Individuals.*

**Sec. 556.004. PROHIBITED ACTS OF AGENCIES AND INDIVIDUALS.**

- (a) A state agency may not use any money under its control, including appropriated money, to finance or otherwise support the candidacy of a person for an office in the legislative, executive, or judicial branch of state government or of the government of the United States. This prohibition extends to the direct or indirect employment of a person to perform an action described by this subsection.
- (b) A state officer or employee may not use a state-owned or state-leased motor vehicle for a purpose described by Subsection (a).
- (c) A state officer or employee may not use official authority or influence or permit the use of a program administered by the state agency of which the person is an officer or employee to interfere with or affect the result of an election or nomination of a candidate or to achieve any other political purpose.
- (d) A state employee may not coerce, attempt to coerce, command, restrict, attempt to restrict, or prevent the payment, loan, or contribution of any thing of value to a person or political organization for a political purpose.
- (e) For purposes of Subsection (c), a state officer or employee does not interfere with or affect the results of an election or nomination if the individual's conduct is permitted by a law relating to the individual's office or employment and is not otherwise unlawful.

#### **Sec. 556.005. EMPLOYMENT OF LOBBYIST**

- (a) A state agency may not use appropriated money to employ, as a regular full-time or part-time or contract employee, a person who is required by Chapter 305 to register as a lobbyist. Except for an institution of higher education as defined by Section 61.003, Education Code, a state agency may not use any money under its control to employ or contract with an individual who is required by Chapter 305 to register as a lobbyist.
- (b) A state agency may not use appropriated money to pay, on behalf of the agency or an officer or employee of the agency, membership dues to an organization that pays part or all of the salary of a person who is required by Chapter 305 to register as a lobbyist.
- (c) A state agency that violates Subsection (a) is subject to a reduction of amounts appropriated for administration by the General Appropriations Act for the biennium following the biennium in which the violation occurs in an amount not to exceed \$100,000 for each violation.
- (d) A state agency administering a statewide retirement plan may enter into a contract to receive assistance or advice regarding the qualified tax status of the plan or on other federal matters affecting the administration of the state agency or its programs if the contractor is not required by Chapter 305 to register as a lobbyist.

#### **Sec. 556.006. LEGISLATIVE LOBBYING.**

- (a) A state agency may not use appropriated money to attempt to influence the passage or defeat of a legislative measure.
- (b) This section does not prohibit a state officer or employee from using state resources to provide public information or to provide information responsive to a request.

#### **Sec. 556.007. TERMINATION OF EMPLOYMENT.**

A state employee who causes an employee to be discharged, demoted, or otherwise discriminated against for providing information under Section 556.006 (b) or who violates Section 556.004 (c) or (d) is subject to immediate termination of employment.

#### **Sec. 556.008 COMPESATION PROHIBITION.**

A state agency may not use appropriated money to compensate a state officer or employee who violates Section 556.004 (a), (b), or (c) or Section 556.005 or 556.006 (a), or who is subject to termination under Section 556.007.

**SUBCHAPTER C. STANDARDS OF CONDUCT AND CONFLICT  
OF INTEREST PROVISIONS**

**§ 572.051. Standards of Conduct; State Agency Ethics Policy**

(a) A state officer or employee should not:

- (1) accept or solicit any gift, favor, or service that might reasonably tend to influence the officer or employee in the discharge of official duties or that the officer or employee knows or should know is being offered with the intent to influence the officer's or employee's official conduct;
- (2) accept other employment or engage in a business or professional activity that the officer or employee might reasonably expect would require or induce the officer or employee to disclose confidential information acquired by reason of the official position;
- (3) accept other employment or compensation that could reasonably be expected to impair the officer's or employee's independence of judgment in the performance of the officer's or employee's official duties;
- (4) make personal investments that could reasonably be expected to create a substantial conflict between the officer's or employee's private interest and the public interest; or
- (5) intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the officer's or employee's official powers or performed the officer's or employee's official duties in favor of another.

(b) A state employee who violates Subsection (a) or an ethics policy adopted under Subsection (c) is subject to termination of the employee's state employment or another employment-related sanction.

Notwithstanding this subsection, a state officer or employee who violates Subsection (a) is subject to any applicable civil or criminal penalty if the violation also constitutes a violation of another statute or rule.

(c) Each state agency shall:

- (1) adopt a written ethics policy for the agency's employees consistent with the standards prescribed by Subsection (a) and other provisions of this subchapter; and
- (2) distribute a copy of the ethics policy and this subchapter to:
  - (A) each new employee not later than the third business day after the date the person begins employment with the agency; and
  - (B) each new officer not later than the third business day after the date the person qualifies for office.

(d) The office of the attorney general shall develop, in coordination with the commission, and distribute a model policy that state agencies may use in adopting an agency ethics policy under Subsection (c). A state agency is not required to adopt the model policy developed under this subsection.

(e) Subchapters E and F, Chapter 571, do not apply to a violation of this section.

(f) Notwithstanding Subsection (e), if a person with knowledge of a violation of an agency ethics policy adopted under Subsection (c) that also constitutes a criminal offense under another law of this state reports the violation to an appropriate prosecuting attorney, then, not later than the 60th day after the date a person notifies the prosecuting attorney under this subsection, the prosecuting attorney shall notify the commission of the status of the prosecuting attorney's investigation of the alleged violation. The commission shall, on the request of the prosecuting attorney, assist the prosecuting attorney in investigation the alleged violation. This subsection does not apply to an alleged violation by a member or employee of the commission.

(g) Not later than November 1, 2007, the office of the attorney general shall:

(1) develop a model ethics policy as required by Subsection (d); and

(2) distribute the policy to each state agency required to adopt an ethics policy under Subsection (c).

(h) Not later than January 1, 2008, each state agency shall:

(1) adopt an ethics policy as required by Subsection (c); and

(2) distribute a copy of the ethics policy and this subchapter to each employee of the agency.

(i) Subsections (g) and (h) and this subsection expire January 15, 2008.

**§ 572.052. Representation by Legislators Before State Agencies; Criminal Offense**

(a) A member of the legislature may not, for compensation, represent another person before a state agency in the executive branch of state government unless the representation:

(1) is pursuant to an attorney-client relationship in a criminal law matter; or

(2) involves the filing of documents that involve only ministerial acts on the part of the commission, agency, board, department, or officer.

(b) A member of the legislature commits an offense if the member violates this section. An offense under this subsection is a Class A misdemeanor.

**§ 572.053. Voting by Legislators on Certain Measures or Bills; Criminal Offense**

(a) A member of the legislature may not vote on a measure or a bill, other than a measure that will affect an entire class of business entities, that will directly benefit a specific business transaction of a business entity in which the member has a controlling interest.

(b) In this section, "controlling interest" includes:

(1) an ownership interest or participating interest by virtue of shares, stock, or otherwise that exceeds 10 percent;

(2) membership on the board of directors or other governing body of the business entity; or

(3) service as an officer of the business entity.

(c) A member of the legislature commits an offense if the member violates this section. An offense under this subsection is a Class A misdemeanor.

**§ 572.0531. Notice Required for Introduction or Sponsorship of or Voting on Certain Measures or Bills by Legislators**

(a) A member shall file a notice as required by Subsection (b) before introducing, sponsoring, or voting on a measure or bill if the member's spouse or a person related to the member within the first degree by consanguinity, as determined under Subchapter B, Chapter 573, is registered as a lobbyist under Chapter 305 with respect to the subject matter of the measure or bill.

(b) A member of the house of representatives to whom Subsection (a) applies shall file a written notice of that fact with the chief clerk of the house of representatives. A senator to whom Subsection

(a) applies shall file a written notice of that fact with the secretary of the senate. The member shall also file a notice with the commission. A notice filed under this subsection must:

(1) identify:

(A) the member;

(B) the measure, bill, or class of measures or bills with respect to which the notice is required under this section; and

(C) the person registered as a lobbyist; and

(2) be included in the journal of the house to which the member belongs.

(c) A person related to the member to whom Subsection (a) applies shall file a notice with the commission identifying:

(1) the person;

(2) the member; and

(3) the class of measures or bills with respect to which notice is required under this section.

(d) A person related to the member to whom Subsection (a) applies shall file the notice required by Subsection (c) not later than:

(1) the beginning of a regular or special legislative session as to which the person is registered as a lobbyist under Chapter 305 and will communicate directly with a member of the legislative branch with respect to the measure, bill, or class of measures or bills; or

(2) the seventh business day after the day the person agrees to accept reimbursement or compensation to communicate directly with a member of the legislative branch with respect to the measure, bill, or class of measures or bills, if the person agrees to accept the reimbursement or compensation after the beginning of a legislative session.

(e) A member of the legislature who violates this section is subject to discipline by the house to which the member belongs, as provided by Section 11, Article III, Texas Constitution.

(f) In this section, "communicates directly with" and "member of the legislative branch" have the meanings assigned by Section 305.002.

**§ 572.054. Representation by Former Officer or Employee of Regulatory Agency Restricted; Criminal Offense**

(a) A former member of the governing body or a former executive head of a regulatory agency may not make any communication to or appearance before an officer or employee of the agency in which the member or executive head served before the second anniversary of the date the member or executive head ceased to be a member of the governing body or the executive head of the agency if the communication or appearance is made:

- (1) with the intent to influence; and
- (2) on behalf of any person in connection with any matter on which the person seeks official action.

(b) A former state officer or employee of a regulatory agency who ceases service or employment with that agency on or after January 1, 1992, may not represent any person or receive compensation for services rendered on behalf of any person regarding a particular matter in which the former officer or employee participated during the period of state service or employment, either through personal involvement or because the case or proceeding was a matter within the officer's or employee's official responsibility.

(c) Subsection (b) applies only to:

- (1) a state officer of a regulatory agency; or
- (2) a state employee of a regulatory agency who is compensated, as of the last date of state employment, at or above the amount prescribed by the General Appropriations Act for step 1, salary group 17, of the position classification salary schedule, including an employee who is exempt from the state's position classification plan.

(d) Subsection (b) does not apply to a rulemaking proceeding that was concluded before the officer's or employee's service or employment ceased.

(e) Other law that restricts the representation of person before a particular state agency by a former state officer or employee of that agency prevails over this section.

(f) An individual commits an offense if the individual violates this section.

An offense under this subsection is a Class A misdemeanor.

(g) In this section, the comptroller and the secretary of state are not excluded from the definition of "regulatory agency."

(h) In this section:

- (1) "Participated" means to have taken action as an officer or employee through decision, approval, disapproval, recommendation, giving advice, investigation, or similar action.
- (2) "Particular matter" means a specific investigation, application, request for a ruling or determination, rulemaking proceeding,



contract, claim, charge, accusation, arrest, or judicial or other proceeding.

**§ 572.055. Certain Solicitations of Regulated Business Entities Prohibited; Criminal Offense**

(a) An association or organization of employees of a regulatory agency may not solicit, accept, or agree to accept anything of value from a business entity regulated by that agency and from which the business entity must obtain a permit to operate that business in this state or from an individual directly or indirectly connected with that business entity.

(b) A business entity regulated by a regulatory agency and from which the business entity must obtain a permit to operate that business in this state, or an individual directly or indirectly connected with that business entity may not offer, confer, or agree to confer on an association or organization of employees of that agency anything of value.

(c) This section does not apply to an agency regulating the operation or inspection of motor vehicles or an agency charged with enforcing the parks and wildlife laws of this state.

(d) A person commits an offense if the person intentionally or knowingly violates this section. An offense under this subsection is a Class A misdemeanor.

**§ 572.056. Contracts by State Officers With Governmental Entities; Criminal Offense**

(a) A state officer may not solicit or accept from a governmental entity a commission, fee, bonus, retainer, or rebate that is compensation for the officer's personal solicitation for the award of a contract for services or sale of goods to a governmental entity.

(b) This section does not apply to:

(1) a contract that is awarded by competitive bid as provided by law and that is not otherwise prohibited by law; or

(2) a court appointment.

(c) In this section, "governmental entity" means the state, a political subdivision of the state, or a governmental entity created under the Texas Constitution or a statute of this state.

(d) A state officer who violates this section commits an offense. An offense under this subsection is a Class A misdemeanor.

**§ 572.057. Certain Leases Prohibited**

(a) A member of the legislature, an executive or judicial officer elected in a statewide election, or a business entity in which the legislator or officer has a substantial interest may not lease any office space or other real property to the state, a state agency, the legislature or a legislative agency, the Supreme Court of Texas, the Court of Criminal Appeals, or a state judicial agency.

(b) A lease made in violation of Subsection (a) is void.

(c) This section does not apply to an individual who is an elected officer on June 16, 1989, for as long as the officer holds that office.

**§ 572.058. Private Interest in Measure or Decision; Disclosure; Removal From Office for Violation**

(a) An elected or appointed officer, other than an officer subject to impeachment under Article XV, Section 2, of the Texas Constitution, who is a member of a board or commission having policy direction over a state agency and who has a personal or private interest in a measure, proposal, or decision pending before the board or commission shall publicly disclose the fact to the board or commission in a meeting called and held in compliance with Chapter 551. The officer may not vote or otherwise participate in the decision. The disclosure shall be entered in the minutes of the meeting.

(b) An individual who violates this section is subject to removal from office on the petition of the attorney general on the attorney general's own initiative or on the relation of a resident or of any other member of the board or commission. The suit must be brought in a district court of Travis County or of the county where the violation is alleged to have been committed.

(c) If the court or jury finds from a preponderance of the evidence that the defendant violated this section and that an ordinary prudent person would have known the individual's conduct to be a violation of this section, the court shall enter judgment removing the defendant from office.

(d) A suit under this section must be brought before the second anniversary of the date the violation is alleged to have been committed, or the suit is barred.

(e) The remedy provided by this section is cumulative of other methods of removal from office provided by the Texas Constitution or a statute of this state.

(f) In this section, "personal or private interest" has the same meaning as is given to it under Article III, Section 22, of the Texas Constitution, governing the conduct of members of the legislature. For purposes of this section, an individual does not have a "personal or private interest" in a measure, proposal, or decision if the individual is engaged in a profession, trade, or occupation and the individual's interest is the same as all others similarly engaged in the profession, trade, or occupation.

**§ 572.059. Independence of State and Local Officers Acting in Legislative Capacity**

(a) In this section, "legislative measure" includes:

(1) a bill, resolution, order, or other proposal to adopt, enact, amend, or repeal a statute, ordinance, rule, or policy of general application;

(2) a proposal to adopt, enact, amend, or repeal, or to grant a variance or other exception to, a zoning ordinance; or

(3) a proposed constitutional amendment or charter amendment subject to a vote of the electorate.

(b) For purposes of Subsection (a), a measure that is applicable to a class or subset of persons or matters that is defined in general terms without

naming the particular persons or matters is a measure of general application.

(c) To protect the independence of state and local officers acting in a legislative capacity, a state or local officer, whether elected or appointed, including a member of the governing body of a school district or other political subdivision of this state, may not be subject to disciplinary action or a sanction, penalty, disability, or liability for:

- (1) an action permitted by law that the officer takes in the officer's official capacity regarding a legislative measure;
- (2) proposing, endorsing, or expressing support for or opposition to a legislative measure or taking any action permitted by law to support or oppose a legislative measure;
- (3) the effect of a legislative measure or of a change in law proposed by a legislative measure on any person; or
- (4) a breach of duty, in connection with the member's practice of or employment in a licensed or regulated profession or occupation, to disclose to any person information, or to obtain a waiver or consent from any person, regarding:
  - (A) the officer's actions relating to a legislative measure; or
  - (B) the substance, effects, or potential effects of a legislative measure.

**§ 572.060. Solicitation Of Or Recommendations Regarding Contributions To Charitable Organizations And Governmental Entities**

(a) Unless otherwise prohibited by the Code of Judicial Conduct, a state officer or state employee may:

- (1) solicit from any person a contribution to:
  - (A) an organization that:
    - (i) is exempt from income taxation under Section 501(a), Internal Revenue Code of 1986, by being listed under Section 501(c)(3) of that code;
    - (ii) does not attempt to influence legislation as a substantial part of the organization's activities; and
    - (iii) has not elected under Section 501(h), Internal Revenue Code of 1986, to have that subsection apply to the organization; or
  - (B) a governmental entity; or

(2) recommend to any person that the person make a contribution to an organization or entity described by Subdivision (1).

(b) A monetary contribution solicited or recommended as provided by Subsection (a) must:

- (1) be paid or made directly to the charitable organization or governmental entity by the person making the contribution;
- (2) be in the form of a check, money order, or similar instrument payable to the charitable organization or governmental entity; or

(3) be in the form of a deduction from a state employee's salary or wage payment under the state employee charitable campaign under Subchapter I, Chapter 659.

(c) A contribution solicited or recommended as provided by Subsection (a) that is not a monetary contribution must be delivered directly to the charitable organization or governmental entity by the person making the contribution.

(d) A contribution paid as provided by Subsection (b) or delivered as provided by Subsection (c) is not:

(1) a political contribution to, or political expenditure on behalf of, the state officer or state employee for purposes of Title 15, Election Code;

(2) an expenditure for purposes of Chapter 305; or

(3) a benefit to the state officer or state employee for purposes of Sections 36.08 and 36.09, Penal Code.

**§ 572.061. Certain Gratuities Authorized**

This subchapter does not prohibit the acceptance of a gratuity that is accepted and reported in accordance with Section 11.0262, Parks and Wildlife Code.



## THE UNIVERSITY OF TEXAS AT EL PASO CODE OF ETHICS

### SECTION 4

**Code of Ethics** – All employees of the System and its component institutions shall be furnished a copy of the Standards of Conduct for State Employees, Section 572.051, Texas Government Code, and, in addition thereto, shall adhere to the following standards of conduct and other provisions of these **Rules and Regulations**:

- 4.1** No employee shall accept or solicit any gift, favor, or service that might reasonably tend to influence the employee in the discharge of this or her official duties or that the employee knows or should know is being offered with the intent to influence his or her official conduct.
- 4.2** No employee shall intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised his or her official powers or performed his or her official duties in favor of another.
- 4.3** No employee shall accept employment or engage in any business or professional activity which the employee might reasonably expect would require or induce the employee to disclose confidential information acquired by reason of his or her official position.
- 4.4** No employee shall disclose confidential information gained by reason of his or her official position or otherwise use such information for his or her personal gain or benefit.
- 4.5** No employee shall transact any business in his or her official capacity with any business entity of which the employee is an officer, agent, or member, or in which the employee owns a substantial interest.
- 4.6** No employee shall make personal investments which could reasonably be expected to create a substantial conflict between the employee's private interest and the public interest.
- 4.7** No employee shall accept other employment or compensation which could reasonably be expected to impair the employee's independence of judgment in the performance of the employee's public duties.
- 4.8** No employee shall receive any compensation for services as an employee from any source other than the State of Texas, except as may be otherwise provided by law.

## **SOCIAL SECURITY NUMBER USE AND SOLICITATION**

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### **POLICY ON SOLICITATION, MAINTENANCE, AND USE OF SOCIAL SECURITY NUMBERS**

These guidelines are established by the University of Texas at El Paso (UTEP) for the proper solicitation and use of Social Security Numbers (SSNs) as reasonably necessary in carrying out its responsibilities and conducting its daily business and academic activities that support its mission. These guidelines apply to all individuals, including students, employees, and external constituents.

The University shall not request, maintain or utilize individual Social Security Numbers for identification purposes except as required or permitted by Federal or state law. UTEP shall comply with the requirements of all federal and state statutes governing solicitation, maintenance, and use of SSNs, including UT165-UT System Information Resources Use and Security Policy, which can be viewed at <http://www.utssystem.edu/policy/policies/uts165.pdf>. SSNs shall not be used as the primary identifier for basic campus services, unless required by statute.

### **SOLICITATION OF SSNS AND NOTICE REQUIREMENTS**

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UTEP may request and solicit an individual's SSN in order to conduct its daily business and meet federal or state statutes. Any individual requested by UTEP to disclose their SSN shall be notified: 1) that disclosure of their SSN is mandatory to comply with federal or state statutes, 2) how the SSN will be used by UTEP, and 3) the statute or legal authority under which the SSN is being requested.

To comply with notice requirements, notices regarding mandatory disclosure of SSNs shall be placed directly on forms requesting SSNs from individuals or placed within an office in a prominent location reasonably visible by individuals disclosing their SSNs. Notices may be attached to current forms stock, if necessary, until the stock is reprinted and replenished.

### **SAMPLE NOTICE**

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The following sample notice may be used to notify individuals when disclosure of their SSNs is mandatory and requested by UTEP to meet state or federal statutes:

**Disclosure of your social security number (SSN) is requested by the (office/department) at the University of Texas at El Paso (UTEP) to comply with federal and or state statutes. Disclosure of your SSN is required for UTEP to (report/calculate/track) (type of information) to the (federal/state agency) as required by (statute) . Further disclosure of your social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code) and University policies. Under Section 559.003 of the Texas Government Code you are entitled, with few exceptions, to request and review information UTEP collects about you and to have any incorrect information about you corrected.**

For assistance in developing SSN disclosure notifications, contact the Information Security Office at (915) 747-6324, or via email at [security@utep.edu](mailto:security@utep.edu).

### **ASSIGNMENT OF UNIQUE IDENTIFICATION NUMBERS**

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A unique UTEP ID number has been assigned to all students and employees at the earliest possible point of contact between the individual and the University. The UTEP ID number will be used to identify, track, and service students and employees during the course of official university business.

### **DISCLOSURE OF SSNS NOT MANDATED BY LAW OR STATUTE**

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UTEP departments shall not require the disclosure of a SSN by an individual if it is not required to comply with state or federal statutes. Alternate means for tracking or identifying individuals should be established. UTEP ID numbers should be requested to provide services to students, faculty and staff. For external parties, alternate means for

tracking or identifying individuals shall be established. For assistance please contact the Information Security Office at (915) 747-6324.

#### **REFUSAL BY INDIVIDUALS TO DISCLOSE SSNS**

Except in those instances UTEP is legally required to collect SSNs, individuals refusing to disclose their SSNs should not be denied access to services.

#### **PROTECTION OF SSNS AND UTEP ID NUMBERS (800/880)**

All SSNs obtained or maintained by UTEP shall remain confidential. Any use or disclosure of SSNs by UTEP for purposes other than those stated when the SSNs were solicited is prohibited without the written consent of the SSN holder.

Under no circumstances should SSNs or UTEP ID Numbers (800/880) be publicly posted, disclosed to the public, or shared with non-regulatory entities or individuals not directly involved in the department's daily business activities. Student grades or employee timecards may not be publicly posted or displayed with SSNs/UTEP ID Numbers or any portion of the SSN/UTEP ID Number that may directly or indirectly identify the individual.

SSNs will not be printed on UTEP Miner Gold ID card issued to students and staff. SSNs shall not be printed on a card or other device intended to provide access to a service or product.

SSNs will be protected to the extent provided by law. Employees should make certain they have completed the Public Access Option Form to elect whether to allow public access to their SSN and other personal data. This form is available at Human Resource Services in the Administration Building.

Mailings of documents containing SSNs shall ensure that the SSNs are protected, including non-exposure of SSNs through window envelopes.

#### **ELECTRONIC TRANSMISSION AND USE OF SSNS**

All requests for and transmittal of SSNs by UTEP electronically (internet, phone, and e-mail) shall be made over secured media and/or encryption. Any electronic or computer transmittal of files containing SSNs shall be secured with password, encryption, or other secured means.

#### **STORAGE OF DOCUMENTS CONTAINING SSNS**

Paper, computerized, or electronic documents or files containing SSNs shall be protected at all times using physical and technical safeguards. Computer or electronic files containing SSNs shall not be stored or reside on equipment or systems that are not protected against unauthorized access. Physical files containing SSNs shall be secured and made available only to authorized staff.

#### **DISPOSAL OF DOCUMENTS CONTAINING SSNS**

Provided State retention requirements have been met, paper and electronic documents or files containing SSNs will be disposed of in a secure fashion, such as shredding. Computer files containing SSNs residing on disks, tapes, or hard drives shall be appropriately destroyed.

#### **EMPLOYEES USING SSNS**

All departments shall limit access to records containing social security numbers to only those employees who need to see the number for the performance of the employee's job responsibilities. All employees with access to SSNs are required to protect the confidentiality of these numbers, or be subject to appropriate disciplinary action.

#### **DISCLOSURE TO OUTSIDE PARTIES**

SSNs may not be shared with outside parties unless required or permitted by law or consented to in writing by the individual. Disclosure to external parties is permitted provided they are an agent or contractor for the institution whom has agreed in writing to protect the confidentiality of SSNs.

#### **REPORTING SSN COMPLIANCE**

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Employees shall promptly report inappropriate disclosure or use of SSNs to their supervisors, who shall report the disclosure to the Information Security Office at (915) 747-6324 or [security@utep.edu](mailto:security@utep.edu).



## EXCERPTS FROM CURRENT APPROPRIATIONS BILL

**POLITICAL AID AND LEGISLATIVE INFLUENCE PROHIBITED.** None of the moneys appropriated by Articles I, II, III, and IV of this Act, regardless of their source or character, shall be used for influencing the outcome of any election, or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the State from furnishing to any Member of the Legislature or to any other State official or employee or to any citizen any information in the hands of employee or official not considered under law to be confidential information. Any action taken against an employee or official for compliance with this section shall subject the person initiating the action to immediate dismissal from State employment.

No funds under the control of any state agency or institution, including but not limited to state appropriated funds, may be used directly or indirectly to hire employees or in any other way fund or support candidates for the legislative, executive, or judicial branches of government of the state of Texas or the government of the United States.

None of the funds appropriated in this Act shall be expended in payment of the full or partial salary of any State employee who is also the paid lobbyist of any individual, firm, association or corporation.

No employee of any State agency shall use any State owned automobile except on official business of the State, and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provisions in this Section.

The head or heads of each agency of the State shall furnish each employee of such agency with a copy of the five (5) paragraphs immediately preceding this one, and shall take a receipt therefrom from each employee. The preceding sentence shall not be construed to mean that new receipts are to be obtained each year from continuing employees who have previously received for copies of identical provisions prohibiting political aid and legislative influence. The receipts shall be kept accessible for public inspection.

**DUAL EMPLOYMENT WITH THE STATE.** All state employees are to be informed of their obligation and responsibility to inform both initial and second employers of their intent to accept an additional employment with the state.

### STANDARDS OF CONDUCT, EXCERPTS FROM ACTS 1973, 63<sup>RD</sup> LEGISLATURE, PAGE 1086, CHAPTER 421, Declaration of policy

**SECTION 1.** It is the policy of the State of Texas that no state officer or state employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his duties in the public interest. To implement this policy and to strengthen the faith and confidence of the people of Texas in their state government, there are provided standards of conduct and disclosure requirements to be observed by persons owing a responsibility to the people of Texas and the government of the State of Texas in the performance of their official duties. It is the intent of the legislature that this Act shall serve not only as a guide for official conduct of these covered persons but also as a basis for discipline of those who refuse to abide by its terms.

#### Definitions

Sec.2. In this Act:

(7) "State employee" means a person, other than a state officer, who is employed by:

- (A) a state agency;
- (B) the Supreme Court of Texas, the Court of Criminal Appeals of Texas, a court of civil appeals, or the Texas Civil Judicial Council; or
- (C) either house of the legislature, or any agency, council, or committee of the legislature, including the Legislative Budget Board, the Texas Legislative Council, the State Auditor's Office, and the Legislative Reference Library.

(8) "State agency" means:

- (A) any department, commission, board, office, or other agency that:
  - (i) is in the executive branch of state government;
  - (ii) has authority that is not limited to a geographical portion of the state; and
  - (iii) was created by the constitution or a statute of this state; or
- (B) a university system or an institution of higher education as defined in Section 61.003, Texas Education Code, as amended, other than a public junior college.

#### Standards of conduct

Sec.8.

- (a) No state officer or state employee should accept or solicit any gift, favor, or service that might reasonably tend to influence him in the discharge of his official duties or that he knows or should know is being offered him with the intent to influence his official conduct.
- (b) No state officer or state employee should accept employment or engage in any business or professional activity, which he might reasonably expect would require or induce him to disclose confidential information acquired by reason of his official position.
- (c) No state officer or state employee should accept other employment or compensation which could reasonably be expected to impair his independence of judgment in the performance of his official duties.
- (d) No state officer or state employee should make personal investments which could reasonably be expected to create a substantial conflict between his private interest and the public interest.
- (e) No state officer or state employee should intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised his official powers or performed his official duties in favor of another.

### 66<sup>th</sup> Legislature of Texas - Regular Session

#### STATE PURCHASING AND GENERAL SERVICES ACT, HOUSE BILL 1673, ARTICLE 8 - PROPERTY ACCOUNTING

Personal property belonging to the state shall be accounted for by the head of the agency which has possession of the property.

- (a) (b) The commission shall administer the property accounting system. The state auditor shall administer the property responsibility system. The commission shall issue rules and regulations and a manual of instruction and prescribe such records, reports, and forms necessary to accomplish the objects of this article subject to the approval of the state auditor. The state auditor is directed to cooperate with the commission in the exercise of the commission's rulemaking powers herein granted by giving technical assistance and advice.
- (b) The commission shall maintain a complete and accurate set of centralized records of state property. Where the commission finds that an agency has demonstrated its ability and competence to maintain complete and accurate detailed records of the property it possesses without the detailed supervision by the commission, it may direct that the detailed records be kept at the principal office of such agency. Where the commission issues such order, it shall keep only summary records of the property of such agency and the agency shall keep such detailed records as the commission directs and furnish the commission with such reports at such times as directed by the commission.
- (c) Each agency head shall cause each item of state property possessed by his agency to be marked so as to identify it. The agency head shall follow the instructions issued by the commission in marking state property.

#### SECTION 8.02 RESPONSIBILITY FOR PROPERTY ACCOUNTING.

- (A) All state agencies shall comply with the provisions of this article and keep the property records required.
- (B) All real property owned by the state shall be accounted for by the agency which possesses the property. The real property administered by the General Land Office shall be accounted for by that office and not by the system prescribed herein, and the real property administered by the permanent funds established by the legislature and people shall be accounted for by the agency now charged with its administration and not by the system prescribed herein.
- (C) All personal property owned by the state shall be accounted for by the agency that possesses the property. The commission shall by regulation define what is meant by personal property for the purposes of this article, but such definition shall not include nonconsumable personal property having a value of \$250 or less per unit. In promulgating such regulations, the commission shall take into account the value of the property, its expected useful life, and if the cost of record keeping bears a reasonable relationship to the cost of the property on which records are kept. The commission shall consult with the state auditor in making such regulations and the auditor shall cooperate with the commission in the exercise of this rulemaking power by giving technical assistance and advice.
- (D) All medical, surgical, and technical equipment and supplies provided by the Texas Department of Health to local public health units, local public health laboratories, state institutions, and nonprofit institutions, contributing to the promotion and maintenance of public health by the usage of such medical, surgical, and technical equipment and supplies shall be accounted for by that department and not by the system prescribed in this article. The Texas Department of

Health shall maintain at all times a complete record of such medical, surgical, and technical equipment and supplies provided and such records shall be verified by the state auditor and available to the federal auditors for the agency of the federal government making such grants for assistance in the purchase of such medical, surgical and technical equipment and supplies.

#### SECTION 8.03. PROPERTY MANAGER: PROPERTY INVENTORY

- (a) Each agency head is responsible for the proper custody, care, maintenance, and safekeeping of the state property possessed by his agency.
- (b) Each agency head shall designate either himself or one of his employees as property manager. The commission shall be informed in writing by the agency head of the name of the property manager and shall be informed of any changes. Where the commission finds that convenience and efficiency will be served, it may permit more than one property manager to be appointed by the agency head.
- (c) The property manager shall maintain the required records of all property possessed by the agency and shall be the custodian of all such property.
- (d) No person shall entrust state property to any state official or employee or to anyone else to be used for other than state purposes.
- (e) When an agency's property is entrusted to some person other than the property manager, the property manager shall require a written receipt for such property executed by the person receiving the custody of the property. When the possessions of property of one agency is entrusted to another agency on loan, such transfer shall be done only when authorized in writing by the agency head who is lending such property and the written receipt shall be executed by the agency head who is borrowing such property. The property manager is relieved of the responsibility for property which is the subject of such a receipt.
- (f) Each agency shall make a complete physical inventory of all property in its possession once a year. The inventory shall be taken on the date prescribed for the agency by the commission.
- (g) The agency head shall forward a signed statement describing the method by which the inventory was verified, along with a copy of such inventory, within 45 days after the inventory date for the agency.
- (h) The commission shall supervise the property records of each agency, so that the records accurately reflect the property currently possessed by the agency. The commission shall prescribe the methods whereby items of property are deleted from the property records of the agency. Property that has become surplus or obsolete and no longer serviceable and has been turned over to the commission for disposal under the laws relating thereto shall be deleted from the records of that agency upon the authorization of the commission. Property that is missing from agency or property that is disposed of directly by the agency in a legal manner shall be deleted from the commission's records upon the authorization of the state auditor.

Section 8.04. CHANGE OF PROPERTY MANAGERS. When there is a change in agency heads or property managers, the incoming agency head or property manager shall execute a receipt for all agency property accounted for to the outgoing agency head or property manager. A copy of such receipt shall be delivered to the commission, the state auditor, and the outgoing agency head or property manager. No further warrants in favor of the outgoing agency head or property manager shall be drawn or paid until the state auditor has certified that the agency property had been properly accounted for. The state auditor may make this certification without requiring that a physical inventory be taken.

Section 8.05. LIABILITY FOR PROPERTY LOSS. Where agency property disappears, whether through theft or other cause, as a result of the failure of the agency head, property manager, or agency employee entrusted with the property in writing to exercise reasonable care for its safekeeping, such person shall be pecuniary liable to the state for the loss thus sustained by the state. Where agency property deteriorates as a result of the failure of the agency head, property manager, or agency employee entrusted with the property in writing to exercise reasonable care to maintain and service the property, such person shall be pecuniary liable to the state for the loss thus sustained by the state. Where agency property is damaged or destroyed as a result of an intentional wrongful act or of a negligent act of any state official or employee, such person shall be pecuniary liable to the state for the loss thus sustained by the state. The liability prescribed by this section may be found to attach to more than one person in a particular instance; in such cases, the liability shall be joint and several.

SECTION 8.06. REPORTING TO STATE AUDITOR. When any state property has been lost, destroyed or damaged through the negligence or fault of any state official or employee, the agency head responsible for such property shall immediately report such loss, destruction, or damage, to the state auditor to investigate the matter. If the investigation discloses that an injury has been sustained by the state through the fault of a state official or employee, the state auditor shall make written demand upon such state official or employee for reimbursement to the state for the loss so sustained.

SECTION 8.07. LEGAL ACTION TO RECOVER MONETARY LOSS OF PROPERTY. In case the demand made by the state auditor for reimbursement for property loss, destruction, or damage is refused or disregarded by the state official or employee upon whom such demand is made, the state auditor shall report the facts to the attorney general. If, after an investigation of the facts, the attorney general finds that legal liability may be against the state official or employee, he shall take such legal action to recover the monetary loss of the state property occasioned by the loss, damage, or destruction as in his opinion may be deemed necessary. Venue for all such suits instituted against a state official or employee shall lie in the courts of appropriate jurisdiction of Travis County.

SECTION 8.08 FAILURE TO KEEP RECORDS. When an agency fails to keep the records required under the provisions of this article or fails to take the annual physical inventory, the commission shall so inform the comptroller and the comptroller may refuse to draw any warrants on behalf of such agency.

#### SECTION 8.09. TRANSFER OF PERSONAL PROPERTY.

- (a) Any state agency is authorized to transfer any personal property of the state under its control or jurisdiction to any other state agency with or without reimbursement between the agencies, provided, however, that the provisions of this article shall not apply to any real property.
- (b) When any personal property under the control or jurisdiction of one state agency is transferred to the control or jurisdiction of any other state agency, such transfers shall be immediately and simultaneously reported to the commission by the transferor and transferee on forms prescribed by the commission, and it shall adjust the inventory records of the agencies involved in making the transfer. Whenever any transfer is made with reimbursements from funds deposited in the state treasury, the transferee shall issue a voucher payable to the transferor, and the comptroller of public accounts shall issue warrants for reimbursement.

SECTION 8.10. DISTRIBUTION OF THIS ARTICLE. Each agency head shall distribute a copy of this article to each official and employee of his agency and shall give a copy to each new employee of the agency.

### INTELLECTUAL PROPERTY POLICY REGULATIONS – THE UNIVERSITY OF TEXAS SYSTEM REGENT'S RULES AND REGULATIONS, PART TWO, CHAPTER XII Section 2

#### Sec. 2. General Policy

##### 2.1 Individuals Subject to Policy

The intellectual property policy shall apply to all persons employed by the U. T. System and the component institutions of the System (including, but not limited to, full and part-time faculty and staff and visiting faculty members and researchers), to anyone using System facilities, to undergraduates, to candidates for master's and doctoral degrees, and to postdoctoral and predoctoral fellows.

##### 2.2 Types of Intellectual Property Included

Except as set forth in Subsections 2.3, 2.4, and 4.1 of this Chapter, this policy shall apply to and the Board may assert ownership in intellectual property of all types (including, but not limited to, any invention, discovery, trade secret, technology, scientific or technological development, research data and computer software) regardless of whether subject to protection under patent, trademark, copyright, or other laws.

(A complete copy of The System's Intellectual Property Policy will be furnished upon request and can be viewed at <http://www.utsystem.edu/bor/rules/MasterRRR.htm#PartTwo>.)

#### NOTICE TO EMPLOYEES, RETALIATION PROHIBITED BY STATE LAW

"A state or local governmental body may not suspend or terminate the employment of, or otherwise discriminate against, a public employee who reports a violation of law to an appropriate law enforcement authority if the employee report is made in good faith."

"Law means a state or federal statute, an ordinance passed by a local governmental body or a rule adopted under a statute or an ordinance." – H.B. 1075, 68<sup>th</sup> Regular Session, Effective September 1, 1983.

# H.B. No. 1922

## AN ACT

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle A, Title 5, Government Code, is amended by adding Chapter 559 to read as follows:

### CHAPTER 559. STATE GOVERNMENT PRIVACY POLICIES

**9.001. DEFINITION.** In this chapter, "state governmental body" means a governmental body as defined by Section 552.003 that is part of state government.

**9.002. RIGHT TO BE INFORMED ABOUT INFORMATION COLLECTED.** It is the policy of this state that an individual is entitled to be informed about information that a state governmental body collects about the individual unless the state governmental body is allowed to withhold the information from the individual under Section 552.023.

**9.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES.** (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:

- (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;
- (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and
- (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

**9.004. RIGHT TO CORRECTION OF INCORRECT INFORMATION.** Each state governmental body shall establish a reasonable procedure under which an individual is entitled to have the state governmental body correct information about the individual that is possessed by the state governmental body and that is incorrect. The procedure may not unduly burden an individual using the procedure.

**9.005. APPLICABILITY OF AND CONSTRUCTION WITH PUBLIC INFORMATION LAW.** (a) Chapter 552 governs the charges that a state governmental body may impose on an individual who requests information the governmental body collects about the individual. The governmental body may not charge an individual to correct information about the individual.

To the extent of a conflict between this chapter and the public information law, Chapter 552, Chapter 552 controls.

SECTION 2. (a) The lieutenant governor and the speaker of the house of representatives shall establish a privacy task force to study issues related to the information practices of state government that affect personal privacy.

The lieutenant governor and the speaker shall each appoint seven members to the task force. Two of the members appointed by the lieutenant governor must be members of the senate. Two of the members appointed by the speaker must be members of the house of representatives. In making the appointments, the lieutenant governor and the speaker shall make an effort to ensure that the composition of the task force includes members with a demonstrated interest in and knowledge regarding:

- (1) consumer issues;
- (2) business issues;
- (3) issues related to the openness and accessibility of government records; and
- (4) issues related to conducting business transactions electronically.

The task force shall elect a presiding officer and assistant presiding officer from among its members. The task force shall meet:

- (1) as directed by the lieutenant governor and the speaker, if applicable; and
- (2) otherwise as determined by the members of the task force but not less often than quarterly, beginning not later than September 30, 2001.

A legislative agency shall assist the task force at the request of the lieutenant governor or the speaker, and a state agency in the executive branch of state government shall assist the task force at the request of the task force. The task force shall:

- (1) identify the types of personal information about individuals that are being collected by state governmental bodies and how the information, once collected, is used;
- (2) identify how state governmental bodies disseminate personal information about individuals, including the extent to which the information is sold or given to commercial enterprises;
- (3) identify existing protections in state law and administrative rules against unwarranted disclosure of personal information about individuals and recommend legislation or rule changes to enhance protections against unwarranted disclosure;
- (4) assess the impact that evolving technologies have on the collection, dissemination, and use of personal information by state governmental bodies;
- (5) identify the benefits and detriments of information sharing among state governmental bodies that collect, store, and disseminate information relating to individuals and businesses;
- (6) determine the proper role of state government in the context of federal law and federal regulations in establishing statutory and regulatory privacy protections;
- (7) recommend steps to ensure that personal information transmitted to, by, or from state governmental bodies in an electronic format is adequately encrypted and secured to protect individuals' privacy;
- (8) recommend legislation and changes in administrative policy governing the collection, storage, and transfer of information among and within state governmental bodies;
- (9) recommend legislation under which an individual would have the right to be notified if a state governmental body proposed to sell personally identifiable information about the individual and would have the right to prohibit the sale unless the sale was in furtherance of the statutory duties of the state governmental body; and
- (10) assess and analyze federal laws, regulations, and practices that affect, may affect, or could serve as a model for state government or commercial privacy practices and recommend legislation based on its assessment and analysis.

The task force shall report the results of its study and its recommendations to the lieutenant governor and the speaker by September 1, 2002.

Unless continued in existence at the direction of the lieutenant governor and the speaker, the task force is abolished and this section expires September 1, 2003.

**SECTION 3.** Each state governmental body must be in compliance with Chapter 559, Government Code, as added by this Act, before January 1, 2002.

**SECTION 4.** This Act takes effect September 1, 2001. I certify that H.B. No. 1922 was passed by the House on April 11, 2001, by a non-record vote; that the House refused to concur in Senate amendments to H.B. No. 1922 on May 21, 2001, and requested the appointment of a conference committee to consider the differences between the two houses; and that the House adopted the conference committee report on H.B. No. 1922 on May 26, 2001, by a non-record vote. I certify that H.B. No. 1922 was passed by the Senate, with amendments, on May 17, 2001, by a viva-voce vote; at the request of the House, the Senate appointed a conference committee to consider the differences between the two houses; and that the Senate adopted the conference committee report on H.B. No. 1922 on May 26, 2001, by a viva-voce vote.

## **1.0 Introduction**

The University's intentions for publishing an Acceptable Use Policy are not to impose restrictions that are contrary to the University of Texas at El Paso's (UTEP, also referred to as "the University") established culture of openness, trust and integrity. The University is committed to protecting its employees, students, partners and the institution from illegal or damaging actions by individuals, either knowingly or unknowingly.

Internet/intranet/extranet-related systems, including but not limited to computer, devices using University resources, equipment, software, operating systems, storage media, and network accounts providing electronic mail (e-mail), web browsing, and FTP are the property of the University. These systems are to be used for business purposes in serving the interests of the University, and of our clients and customers in the course of normal operations.

Effective security is a team effort involving the participation and support of every University employee and affiliate who deals with information or information systems. It is the responsibility of every computer user to know these guidelines, and to conduct his activities accordingly.

## **2.0 Purpose**

Under the provisions of the Information Resources Management Act, Information Resources are strategic assets of the State of Texas that must be managed as valuable state resources. Thus this policy is established to achieve the following:

- Ensure compliance with applicable statutes, regulations, and mandates regarding the management of information resources.
- Establish prudent and acceptable practices regarding the use of information resources.
- Educate individuals who may use Information Resources with respect to their responsibilities associated with such use.

## **3.0 Scope**

This policy applies to all individuals granted access privileges to any University Information Resources regardless of affiliation. This policy applies to all equipment that is owned or leased by the University.

## **4.0 General Use and Ownership**

While UTEP's network administration desires to provide a reasonable level of privacy, users should be aware that the data they create on University systems remains the property of the University. Because of the need to protect UTEP's network,

management cannot guarantee the confidentiality of information stored on any network device belonging to the University. Electronic files created, sent, received, or stored on Information Resources owned, leased, administered, or otherwise under the custody and control of the University are not private and may be accessed by UTEP Information Security Office (ISO) employees at any time without the knowledge of the Information Resources user or owner.

Electronic file content may be accessed by appropriate personnel in accordance with the provisions and safeguards provided in the Texas Administrative Code S202, Information Security Standards.

Employees are responsible for exercising good judgment regarding the reasonableness of personal use. If there is any uncertainty, the employee should consult his/her supervisor or manager.

The ISO recommends that any information that users consider sensitive or vulnerable be encrypted. For guidelines on encrypting e-mail and documents, see the Acceptable Encryption Policy.

For security and network maintenance purposes, authorized individuals within the University may monitor equipment, systems and network traffic at any time, per the Audit Policy.

UTEP reserves the right to audit all networks and systems on a periodic basis to ensure compliance with this policy.

UTEP encourages everyone associated with the University to act in a manner that is fair, mature, respectful of the rights of others, and consistent with the educational purposes of the University.

By their use of the UTEP network, users acknowledge that the Internet contains access to pornographic and other material that may be offensive to others and unsuitable for minors. The University ordinarily does not filter, censor, edit, or regulate the flow of data, software, graphic images, or other materials on the Internet to or from any of its account holders. The Internet may from time to time contain hostile programs, viruses, worms, Trojan horses and other files that may affect or destroy the operation of or information on the computer.

The University is not responsible for the content, accuracy or reliability of information accessed from the Internet. Users are encouraged to verify the authenticity and accuracy of materials sent via the Internet, and to use good judgment when deciding whether to download or open materials from people they do not know and organizations they did not contact.

The University of Texas at El Paso will not be liable for missing or misdirected e-mail. UTEP is not responsible for the loss of files or materials due to deletion, error or malfunction, and users are advised to maintain backup copies of their materials at all times.

Users agree to comply with this policy, Information Security Policies, other University rules governing acceptable use of information technology, and any applicable state and federal regulations. The terms and conditions of these policies, rules, procedures, and agreements are subject to change without prior notice. Notice of such changes may be given by posting on the Internet, by e-mail, or other means.

Users must report any weaknesses in The University of Texas at El Paso computer security and any incidents of possible misuse or violation of this agreement to the proper authorities by contacting the Helpdesk.

Users must not attempt to access any data or programs contained on The University of Texas at El Paso systems for which they do not have authorization or explicit consent.

Users must not divulge Dialup or Dial back modem telephone numbers to anyone.

Users must not share their University of Texas at El Paso account(s), passwords, Personal Identification Numbers (PIN), security tokens (i.e. Smartcard), or similar information or devices used for identification and authorization purposes.

Users must not make or distribute unauthorized copies of copyrighted software.

Users must not purposely engage in activity that may: harass, threaten or abuse others; degrade the performance of Information Resources; deprive an authorized University of Texas at El Paso user access to a University of Texas at El Paso resource; obtain extra resources beyond those allocated or circumvent The University of Texas at El Paso computer security measures.

Users must not download, install or run security programs or utilities that reveal or exploit weaknesses in the security of a system. For example, The University of Texas at El Paso users must not run password cracking programs, packet sniffers, or port scanners or any other non-approved programs on the University of Texas at El Paso Information Resources. The ISO and selected network managerial personnel of IT are exempted from this rule.

The University of Texas at El Paso Information Resources must not be used for personal benefit.

Access to the Internet from a University of Texas at El Paso-owned, home-based computer must adhere to all policies that apply to use from within the University of

Texas at El Paso facilities. Employees must not allow family members or other non-employees to access the University of Texas at El Paso computer systems.

Users using University resources or connecting to University resources with a personal or non-UTEP owned system will be held responsible to adhere to all University policies and procedures.

Users must not engage in acts against the aims and purposes of the University as specified in its governing documents or in rules, regulations or procedures adopted from time to time.

Users agree to follow normal standards of ethics and polite conduct in their use of shared computing/networking resources.

Users should follow the same standards of conduct when interacting on the network as when interacting in person.

Laws and rules against fraud, harassment, obscenity, and the like apply to electronic communications just as they apply to other media. Inappropriate distribution of copyrighted materials such as computer software, movies, and music (CDs, tapes, records, etc.) is a violation of federal law and University rules. If you violate these laws, or allow access to others who violate them, your network access may be terminated and you may be subject to civil or criminal penalties or disciplinary action by the University for employees and students, including termination of employment, suspension and/or expulsion.

Users agree that they are solely responsible for making sure that any information they access, upload, or transmit (including information obtained through any hyperlink) complies with applicable law.

The network connection supplied by the University for Miner Village residents is for individual use and may not be shared among multiple users. Individuals are responsible for all charges and for all destructive or illegal activity done by anyone to whom they allow access.

Student violators of University rules and policies may be referred to the Dean of Students for disciplinary action. The Dean of Students will be notified of violations of University rules and policies, and will take appropriate disciplinary action.

The University, using generally accepted standards of best network administration practices and procedures, has the right to determine what activities disrupt the network. The University further reserves the right to terminate the connection of any host using an unusually high portion of bandwidth if that program unreasonably inhibits the fair use of network resources by other University users or members of the UTEP community.



Users agree that failure of the University to respond to a violation immediately does not prevent it from taking corrective action at a later time.

**Users agree NOT to:**

- Use network access for solicitations, commercial purposes, or any business activities for individuals, groups, or organizations.
- Modify or tamper with network services, wiring, and ports in any room without explicit written permission. This includes extending the network beyond the single network outlet (using a wireless hub for example, Remote Access Servers, tunneling NETBIOS, or Proxies).
- Establish servers for anything other than academic purposes (or provide other activities that consume a disproportionate share of bandwidth. Examples of servers that would be prohibited include MP3, DVD, and Game servers.
- Register an outside domain host name that refers to an IP address within the utep.edu domain.
- Scan for computers on any network using port scanners or network probing software.
- Use defective or malfunctioning equipment on the network. Violation of this agreement will result in the offending port(s) being disabled without prior notification.
- Use any connection to engage in any unlawful purpose or transmit material that violates applicable local, state or federal laws or University rules.

**5.0 Unacceptable Use**

The following activities are, in general, prohibited:

Under no circumstances is an employee of the University authorized to engage in any activity that is illegal under local, state, federal or international law while utilizing UTEP-owned resources.

Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by the University.

Unauthorized copying or sharing of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, copyrighted movies, copyrighted television shows, and the installation of any copyrighted software for which the University or the user does not have an active license.

Exporting software, technical information, encryption software or technologies, in violation of international or federal export control laws. Appropriate management should be consulted prior to export of any material that is in question.

Introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).

Revealing an account password to others or allowing the use of an authorized University account by others. This includes family and other household members

when work is being performed at home.

Using a UTEP computer to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user's local jurisdiction.

Making fraudulent offers of products, items, or services originating from any UTEP Information Resources.

Making statements about warranty, expressed or implied, unless it is a part of normal job duties.

Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, ping floods, packet spoofing, denial of service attacks, and forged routing information for malicious purposes.

Executing any form of network monitoring that will intercept data not intended for the employee's host, unless this activity is a part of the employee's normal job duty.

Circumventing user authentication or security of any host, network or account.

Interfering with, or denying service to any user other than the employee's host (for example, denial of service attack).

Using any program/script/command/etc., or sending messages of any kind, with the intent to interfere with, or disable, the University's Information Resources, via any means, locally or via the Internet.

Providing information about, or lists of, University employees to parties outside the University.

Sending unsolicited e-mail messages, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material (e-mail spam).

Any form of harassment via e-mail, telephone, or paging, whether through language, frequency, or size of messages.

Unauthorized use, or forging, of e-mail header information.

Solicitation of e-mail for any other e-mail address, other than that of the poster's account, with the intent to harass or to collect replies.

Creating or forwarding "chain letters", "Ponzi" or other "pyramid" schemes of any type.

Use of unsolicited e-mail originating from within the University's networks or other Internet Service Providers (ISP) on behalf of, or to advertise, any service hosted by the University or connected via the University's network.

Posting the same or similar non-business-related messages to large numbers of Usenet newsgroups (newsgroup spam).

Sending broadcast messages through means that are not approved.

## 6.0 Incidental Use

As a convenience to The University of Texas at El Paso user community, incidental use of Information Resources is permitted. The following restrictions apply:

- Incidental personal use of electronic mail, Internet access, fax machines, printers, copiers, etc., is restricted to The University of Texas at El Paso approved users; it does not extend to family members or acquaintances.
- Incidental use must not result in direct cost to The University of Texas at El Paso.
- Incidental use must not interfere with the normal performance of an employee's work duties.
- No files or documents may be sent or received that may cause legal action against, or embarrassment to, The University of Texas at El Paso.
- Storage of personal e-mail messages, voice messages, files and documents within The University of Texas at El Paso's computer systems must be minimal.
- All messages, files and documents located on The University of Texas at El Paso Information Resources are owned by The University of Texas at El Paso. They may be subject to open records requests and may be accessed in accordance with this policy.

## 7.0 E-Mail

The University of Texas at El Paso provides electronic mail (e-mail) accounts to all faculty, staff, students, and non-university personnel who are affiliated with the University and are assisting the University in meeting its mission. **Official business of the University will be conducted using University-furnished e-mail addresses, in the format *user@utep.edu* for employees and *user@miners.utep.edu* for students.** For this reason, all users are strongly urged to obtain an official UTEP e-mail address.

All e-mail use is subject to the general policies governing use of University Information Resources. In addition, the following uses or activities are expressly prohibited:

Transmission, display, printing or storage of any material prohibited by law or University regulations.

Unauthorized transmission, display, printing or storage of legally restricted or confidential material.

Transmission, display, printing or storage of material that is obscene, libelous, or physically threatening.

Transmission, display, printing or storage of material which advertises, promotes or otherwise solicits on behalf of any non-university business, corporation, organization, enterprise or activity or which contributes to the conduct of business by such entities. This includes the conduct of private consulting services by faculty or staff employees of the University.

Transmission, display, printing, or storage of any material through the fraudulent use of another person's password. Any use of another person's password for any purpose is prohibited.

Transmission, display, printing or storage of chain letters, and other forms of mass mailings or any use that may disrupt or delay the timely and orderly provision of e-mail services at the University. Only upon approval of the President or a Vice President of the University may a general broadcast message (e-mail bulletin) be placed in the e-mail system.

Sending e-mail that is intimidating or harassing.

Using e-mail for conducting personal business.

Using e-mail for purposes of political lobbying or campaigning.

Violating copyright laws by inappropriately distributing protected works.

Posing as anyone other than oneself when sending e-mail, except when authorized to send messages for another when serving in an administrative support role.

The following activities are prohibited because they impede the functioning of network communications and the efficient operations of electronic mail systems:

Sending or forwarding chain letters.

Sending unsolicited messages to large groups except as required to conduct agency business.

Sending excessively large messages.

**Sending or forwarding e-mail that is likely to contain computer viruses.**

**All sensitive UTEP material transmitted over external network must be encrypted.**

**All user activity on UTEP Information Resource assets are subject to logging and review.**

**Quotas have been established for all users:**

**Faculty and Staff: 1GB. If amount exceeds 1GB, a warning message is issued. At 950MB, sending of e-mail is stopped. At 975MB, both sending and receiving are prevented. (Limits current as of September 16, 2008)**

**The content, maintenance, and disposition or retention of e-mail messages is the responsibility of the person to whom the e-mail account or address is assigned. E-mail that conducts official business must be maintained for future reference in accordance with the University's records retention policies, which reflect the requirements of state law**

**Electronic mail users must not give the impression that they are representing, giving opinions, or otherwise making statements on behalf of the University or any unit of the University unless appropriately authorized (explicitly or implicitly) to do so. Where appropriate, an explicit disclaimer will be included unless it is clear from the context that the author is not representing the University. An example of a simple disclaimer is: "the opinions expressed are my own, and not necessarily those of my employer."**

**Individuals must not send, forward or receive confidential or sensitive University information through e-mail unless the information is appropriately encrypted or password-protected. Please note that if using a password, it must not be transmitted along with the password-protected file. It is best to call the individual and give them the password over the phone.**

**Individuals must not send, forward, receive or store confidential or sensitive University information utilizing non-UTEP accredited mobile devices. Examples of mobile devices include, but are not limited to, Personal Data Assistants, two-way pagers and cellular telephones.**

**Employees must exercise utmost caution when sending any e-mail from inside the University to an outside network. Unless approved by the ISO, UTEP e-mail will not be automatically forwarded to an external destination. Sensitive information, as defined in the Information Security Policies, will not be forwarded via any means, unless that e-mail is critical to business and is encrypted or password-protected in accordance with the Acceptable Encryption Policy.**

## **8.0 Disciplinary Actions**

Violation of this policy may result in disciplinary action that may include termination of employees or suspension or expulsion in the case of a student. Additionally, individuals are subject to loss of UTEP Information Resources access privileges and may face civil and criminal prosecution.

All personnel are responsible for managing their use of Information Resources and are accountable for their actions relating to Information Resources security. Personnel are also equally responsible for reporting any suspected or confirmed violations of this policy to the appropriate management.

The use of Information Resources must be for officially authorized business purposes only. There is no guarantee of personal privacy or access to tools such as, but not limited to e-mail, web browsing, and other electronic discussion tools. The use of these electronic communication tools may be monitored to fulfill complaint or investigative requirements.

Departments responsible for the custody and operation of computers shall be responsible for proper utilization of Information Resources under their control, as well as the establishment of effective use methods, and providing any required reports to management. Departments must provide adequate access controls in order to monitor systems to protect data and programs from misuse in accordance with the needs defined by owner departments. Access must be properly documented, authorized and controlled.

The user must keep any data used in an Information Resources system confidential and secure. The fact that the data may be stored electronically does not change the requirement to keep the information confidential and secure. Rather, the type of information or the information itself is the basis for determining whether the data must be kept confidential and secure. Furthermore, if this data is stored in a paper or electronic format, or if the data is copied, printed, or electronically transmitted the data must still be protected as confidential and secured appropriately.

All computer software programs, applications, source code, object code, documentation and data shall be guarded and protected as if it were state property.

All commercial software used on computer systems must be supported by a software license agreement that specifically describes the usage rights and restrictions of the product. Personnel must abide by all license agreements and must not illegally copy licensed software. The Information Resources Manager (IRM) through the Information Technology Division reserves the right to remove any unlicensed software from any computer system at any time.

## **9.0 Security and Proprietary Information**

The user interface for information contained on Internet/intranet/extranet-related systems should be classified as either confidential or not confidential, as defined by the Public Information Handbook, Office of the Attorney General, State of Texas. Employees should take all necessary steps to prevent unauthorized access to confidential information. Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. System-level passwords should be changed every 90 days; user-level passwords should be changed every year.

All PCs, laptops and workstations should be secured with a password-protected screensaver with the automatic activation feature set at 10 minutes or less, or by logging-off when the host is expected to be left unattended. Encrypt information in compliance with the Acceptable Encryption Use Policy. Because information contained on portable computers is especially vulnerable, the Office of Information Security encourages the use of multi-passwords if available, encryption of the hard disk contents, and physical cables or locks attached to the computer.

Postings by a UTEP employee to newsgroups should contain a disclaimer stating that the opinions expressed are strictly his/her own and not necessarily those of UTEP, unless posting is in the course of business duties. All hosts used by the employee that are connected to the University network, whether owned by the employee or the University, shall be continually executing approved virus-scanning software with a current virus database unless overridden by departmental policy. Employees must use extreme caution when opening e-mail attachments received from unknown senders as they may contain viruses, e-mail bombs, or Trojan horse code.

## **10.0 References**

The University of Texas System Information Resources Use and Security Policy  
Copyright Act of 1976  
Foreign Corrupt Practices Act of 1977  
Computer Fraud and Abuse Act of 1986  
Computer Security Act of 1987  
The Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
The State of Texas Open Records Act  
Texas Government Code, Section 441  
Texas Administrative Code (TAC) S202  
IRM Act, 2054.075(b)  
The State of Texas Penal Code, Chapters 33 and 33A  
DIR Practices for Protecting Information Resources Assets  
DIR Standards Review and Recommendations Publications Revision History  
The University of Texas at El Paso Information Security Policies

### **11.0 User Acknowledgment**

I acknowledge that I have received the University of Texas at El Paso Acceptable Use Policy. I have read the Policy and understand that I must comply with the Policy when accessing and using Information Resources and my failure to comply with the Policy may result in cancellation of my privilege of use, appropriate disciplinary action, and action by law enforcement authorities.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_