

The University Of Texas at El Paso Employee Information Sheet

Must	be	filled	out	by:

Department

Employee

Employee Data												
Legal Last: First: First:				Middle Initial:								
Email Address:		Last 4 Digits of SSN:										
Has this person bee				Yes		No						
Has this person been employed by any other UT System In			stitution?			Yes		No				
If Yes to either question, please prov	ide departmei	nt name or U	F System Institution	Empl	ID:							
Student Employment Requirements Acknowledgement												
I acknowledge I have reviewed the Student Employment Guidelines and meet the enrollment and GPA requirements. Student Initials:												
* Benefit Eligible Graduate Student Acknowledgement												
I acknowledge I have until census day (census day information can be found in the Schedule of Classes) to submit my Insurance Waiver. I further understand that if documentation is not submitted in a timely manner, the waiver will not be validated and I will be responsible for the Health Insurance fee assessed by the University and will not be eligible for a refund of the Health Insurance fee. Student Initials:												
Student		Staff				Faculty						
Federal Work Study Position: Non Benefit at 19 hours or less Hourly Position: Non Benefit at 19 hours or less Salaried Undergraduate Title: Non Benefit 20 hours Salaried Graduate Title: Non Benefit 20 hours and less than 4.5 months. Salaried Graduate Title: Benefit Eligible 20 hours and 4.5 or more months. *	Temporary Full Time: Non Benefit less than 4.5 months at 40 hours. Temporary Part Time: Non Benefit less than 4.5 months less than 40 hours.				Part Time *Full time Non-tenure Faculty require an offer letter. The employee information sheet will not be accepted.							
Position and Job Data												
Hiring Department:	Business Unit/Co	Business Unit/College Division:			Future Start Date(Two weeks) and Expected End Date							
Position Number:	Job Code:	Job Code:			Job Title:							
	Please Chec	k Mark to C	onfirm the Student	Meet	s the	Following	7 :					
 Undergraduate: Students must be admitted into a degree program at UTEP and enrolled in an undergraduate program. Student must be enrolled in course work that meets degree requirements and enrolled during the semester of the student appointment. Students must remain in good academic standing (overall GPA of 2.0 or better) at UTEP. Students must be enrolled in a full-time course load (min. 12 hours) every semester (fall and spring) in which they are employed with the exception of last semester prior to graduation. Federal work-study must be enrolled in a minimum of six (6) semester credit hours at UTEP during their final semester. (Refer to Student Employment Guidelines for Summer enrollment requirements) To request an exception to the student employment eligibility requirements, contact Dr. Heather Smith at hsmith@utep.edu for approval and provide to Human Resources. 			Graduate: Students must be admitted into a program of study at UTEP with a Plan of Study on file in the Graduate School. Student must be enrolled in course work that meets degree requirements and enrolled during the semester of the student appointment. Students must maintain good academic standing (overall GPA of 3.0 or better) at UTEP. Students must be enrolled in a full-time course load (min. 9 hours) every semester (fall and spring) in which they are employed with the exception of last semester prior to graduation OR enrolled in thesis/ dissertation (3 hours).(Refer to Student Employment Guidelines for Summer enrollment requirements) To request an exception to the student employment eligibility require- ments, contact Dr. Steve Crites at scrites@utep.edu for approval and provide to Human Resources.									
Background Check Billing Information Form												
Submission of the Appointment Actions Request form for the New Hire may be submitted once notification has been received that the prospective employee has successfully completed and passed a criminal background and 600# has been issued. Criminal Background DTN:												
			prization (Please Pri	int)								
The below acknowledgement applies only to Student Employees: By signing below, the department acknowledges they have reviewed the Student Employment Guidelines with the student employee and verified the student meets the enrollment and GPA requirements listed above.												
Supervisor's Name & Title:			Preparer's Name:									
Signature Authorization			Email:									
Date:			Business Center Specialist Name / Email (if applicable)									