**THE UNIVERSITY OF TEXAS AT EL PASO**

**NEW-EMPLOYEE INFORMATION SHEET**

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| **EMPLOYEE DATA** |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMPL ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Last** **First** **Middle** **E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Has this person been employed by UTEP?** [ ]  Yes [ ]  No**Has this person been employed by any other UT System Institution?** [ ]  Yes [ ]  No**If Yes to either question, please provide department name or UT System Institution**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **POSITION & JOB DATA** |
| **Job Code:** \_\_\_\_\_\_\_\_\_\_\_\_ **Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Hiring Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expected** **End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** Request for entry of a New Hire should only be submitted to HR/HRTC until the hiring department has received notification stating the prospective employee has successfully completed and passed a criminal background and work authorization verification. |
| **[ ]  STUDENT** | **[ ]  WORKSTUDY** |
|  [ ]  Federal Work Study Position: **Non Benefit** at 19 hours or less [ ]  Hourly Position: **Non Benefit** at 19 hours or less  [ ]  Summer Helper I & II: **Non Benefit** up to 40 hours (6/1-8/31) [ ]  Salaried Undergraduate Title: **Non Benefit** 20 hours (TA or RA) [ ]  Salaried Graduate Title: **Non Benefit** 20 hours and less than 4.5  months (TA, RA, AI)  [ ]  Salaried Graduate Title: **Benefit** **Eligible** 20 hours and 4.5 or more months. ***(Insurance enrollment must be completed within*** ***31 days from the effective date of hire)*** | **\*For ALL Federal Work-study positions, the following must be completed by the University Career Center PRIOR to the student coming to HR:**Job Min Posting #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University Career Center Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Applied?[ ]  Yes [ ]  NoDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **[ ]  FACULTY [ ]  STAFF** | **BACKGROUND CHECK BILLING INFO. FORM** |
|  [ ] Hourly: **Non Benefit** 19 hours or less [ ] Temporary Full Time: **Non Benefit** less than 4.5 months at 40 hours [ ] Temporary Part Time: **Non Benefit** less than 4.5 months and less  than 40 hours | DTN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *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:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **DEPARTMENT AUTHORIZATION: (Please Print)** |
| **Supervisor’s Name**: **Preparer’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title** : **Extension**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature Authorization:**  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  ***Human Resources Office Use Only*** |
| **Received By:** **Date**:  |