**THE UNIVERSITY OF TEXAS AT EL PASO**

**NEW-EMPLOYEE INFORMATION SHEET**

|  |  |
| --- | --- |
| **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  No  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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**: | |