



**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: _____