

Name of Candidate: \_\_\_\_\_  
(Last Name, First Name, Middle Initial) (Degree Designation, i.e.: M.D., PhD)

Current Mailing Address: \_\_\_\_\_  
Street/City/State/Zip Code/Country

Candidate Phone Number : \_\_\_\_\_ HSC Badge Number (if applicable) \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Citizenship:  US Citizen  Permanent Resident Alien  Non-Immigrant Alien: Visa Type \_\_\_\_\_

Will the Academic Candidate require a new UTHSCSA e-mail account?

Yes, issue new e-mail account  Yes, using existing account  No, e-mail account not required

If yes, Please provide Project ID Number: \_\_\_\_\_

Department Name: Financial Aid Department ID: E5100

Proposed Job Title: \_\_\_\_\_ Job Code: \_\_\_\_\_

Position Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Pay Group  Hourly  Salary Rate \$15.00

UTHSCSA Percent Time: 49% VA Appointment?  Yes, percent time: \_\_\_\_\_  No

If percent time of all appointment(s) is 50% or more, is it the intent that this position be at least 4 ½ months or more?

Yes, HR is required to offer insurance & retirement  No

Remarks by Department (Optional): \_\_\_\_\_

Ellen Nystrom

Department Head or Administrator Signature

Date

210-567-2640

Print Department Head or Administrator Name

Contact Phone Number

(\* If employee is under 18 years of age, attach a completed **Hazard Assessment for Minors in the Workplace** form)

FOR HUMAN RESOURCES OFFICE USE ONLY

Remarks:  Regular  Non-regular  UTHSCSA Retiree  Rehire  Access Logged  Background Security Check  
 Selective Service Check  Compensation: \_\_\_\_\_

Comments: \_\_\_\_\_