



**Welcome to UTMB!**  
**New Employee Welcome Center**

**New Hire Information:**

Please read all information. You will process with the New Employee Welcome Center during orientation on June 22, 2011. *Please note* when completing forms that you may *leave Employee ID blank* since one has not been issued yet.

1. You are required to provide original and unexpired acceptable documentation for the I-9 Employment Eligibility Verification form.
2. Your acceptable document(s) should be either (one) from "List A" OR (one from both) "List B and List C." This is required by the Department of Homeland Security, U.S. Citizenship and Immigration Services. Failure to comply will result in a delay in your hire date.
3. I-9 Employment Eligibility Verification Form (click to print I-9 Form)  
Failure to comply with these federal guidelines by your 3<sup>rd</sup> day of employment can result in termination.  
UTMB participates in the E-Verify system.

**Payroll Information:**

All new employees are entered with a W-4 designation of Single status with zero allowances, per Internal Revenue Service standards.

- As a UTMB employee you may update your information via the Employee Self Service option found on the UTMB intranet website (<http://intranet.utmb.edu/iutmb/>), once you have been given your login authorization (utmb-usersm access). Instructions are located at [Completing a W-4](#).

**Direct Deposit-** UTMB strongly encourages all employees to use direct deposit for their payroll checks.

- As a UTMB employee you may update your information via the Employee Self Service option found on the UTMB intranet website (<http://intranet.utmb.edu/iutmb/>), once you have been given your login authorization (utmb-usersm access). Instructions are located at [Helpful Hints](#), or see [FAQs](#).
- Dependent on your start date and the date payroll is processed; you may receive your first paycheck via check mailed to your home address, or by direct deposit. Please assure your home address is correct in the Employee Self-Service option found on the UTMB intranet website (<http://intranet.utmb.edu/iutmb/>)

**International Applicants: Please note the International Office has moved.**

You must visit the International Affairs Office upon arrival located in the Department of Legal Affairs, International Section, Rebecca Sealy Hospital, Suite 4.254.

- Bring all documents pertaining to your Visa status. You may visit their website: [www.utmb.edu/international/](http://www.utmb.edu/international/) or call (409) 747-8731 for assistance.

**Important Notice:** All applicants are required to submit to a Security and Drug screening prior to employment, a **state-issued drivers license/ID** is required by Employee Health to verify identification for pre-employment drug screening. Clinic hours for drug testing are from **7:30 a.m. to 3:00 p.m.** Applicants completing their New Employee Packet in the Welcome Center after clinic hours will be instructed to report to the Employee Health Clinic the following day. Please direct any questions to the New Employee Welcome Center at (409) 747-4800.

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_ MALE \_\_\_\_ FEMALE NAME OF SPOUSE ( if applicable) \_\_\_\_\_

### RACE/ETHNIC CLASSIFICATION

Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your Race? Select one or more of the following:

\_\_\_\_\_ White: (not of Hispanic origin): Persons having origins in any of the original Europe, North African or the Middle East.

\_\_\_\_\_ Black: (Not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, South Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

If you selected multiple races, please identify your primary ethnicity (for reporting purposes).

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander

### MILITARY INFORMATION

Are you a U.S. Veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

Branch? \_\_\_\_\_ Reserve Status? \_\_\_\_\_

Specify dates: From \_\_\_\_\_ To \_\_\_\_\_

Are you a Vietnam era veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you a Special Disabled veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you an other eligible veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you a widow(er) of a veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you an orphan of a veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

### INDIVIDUALS WITH DISABILITIES

If you wish to be identified as a disabled individual, you are invited to check the appropriate box:

I have a disability: \_\_\_\_\_ yes \_\_\_\_\_ no

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### **FOSTER CHILDREN**

Were you in foster care on the day preceding your 18<sup>th</sup> birthday? \_\_\_\_\_ yes \_\_\_\_\_ no

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### **EMERGENCY CONTACT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_

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### **TEXAS STATE SERVICE INFORMATION**

Are you a prior UTMB employee? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, dates(s) \_\_\_\_\_

Service with an Independent School District (I.S.D.), Junior College, or Community College does NOT qualify you for *State of Texas Services*; therefore, service and accruals CANNOT be transferred from an I.S.D., Junior College or Community College.

**In order for any prior service to be credited to you for the purpose of “Longevity Pay” or “Increased Accrual Rate” or Service Award Recognition” first we must be provided with the name(s) of any other State of Texas Agency(s):**

Are you a ***DIRECT TRANSFER*** from another State of Texas Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which State of Texas Agency? \_\_\_\_\_

Have you ever worked for *any other* State of Texas Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please tell us which agency(s): \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

## **PUBLIC DISCLOSURE**

Under the Vernon's Annotated Statutes, Article 6252-17 (a), Section 3, the home address and telephone number, social security number and number of dependents of UTMB employees are considered to be public information. As a government employee, you have a right to withhold from public access this information.

PLEASE CHECK ONE:

\_\_\_\_\_ I DO want my home address and telephone number, social security number and number of dependents to be considered public information.

\_\_\_\_\_ I DO NOT want my home address and telephone number, social security number and number of dependents to be considered public information

**Employee Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Printed Name**\_\_\_\_\_ **SSN** \_\_\_\_\_

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON, TEXAS**

**Standards and Regulations for University Employment**

To: THE UNIVERSITY OF TEXAS MEDICAL BRANCH

*I hereby certify that I have been furnished a copy of the following:  
(copies available on-line or in the New Employee Welcome Center)*

1. Excerpts from Current Appropriations Bill. "Political Aid and Legislative Influence Prohibited."
2. Standards of Conduct for State Officers and Employees (Excerpts from Acts 1973, 63<sup>rd</sup>. Legislature, Page 1086, Chapter 421, Effective January 1, 1974.)
3. House Bill 1673, Article 8, Acts 66<sup>th</sup>. Legislature, 1979, Regular Session, State Purchasing and General Services-Property Accounting.
4. The General Policy statement of the Patent Policy Regulations of the University of Texas System as established in Part II, Chapter 5, and Subsection 2.4 of the Regents' Rules and Regulations.
5. Current Appropriations Bill, Article V, Section 9, statement on "Dual Employment with the state."
6. The University of Texas Medical Branch at Galveston Employee Guide can be accessed from the UTMB home page or at [www.utmb.edu/policy/ihop](http://www.utmb.edu/policy/ihop)

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

## **DRUG FREE WORKPLACE POLICY STATEMENT**

The University of Texas Medical Branch at Galveston is required by the Drug-Free Workplace Act of 1988 (41 U.S.C.A. Paragraphs 701-707), to notify all employees that the University prohibits the unlawful manufacture, sale, distribution, possession or use of a controlled substance by any employee in the workplace or in the course and scope of his/her employment. A controlled substance is any substance so defined by federal or state statute or regulations. Exceptions shall apply to the extent that the employee is using such a substance pursuant to a valid prescription of other uses authorized by law.

Any employee who is found guilty (including a plea of no contest) or has a sentence fine or other penalty imposed by a court of competent jurisdiction under criminal statute for an offense involving a controlled substance that occurred in the workplace or in the course and scope of his/her employment shall report such action to the Employee Assistance Program within the Human Resources Department within five (5) days.

An employee who unlawfully manufactures, sells, distributes, possesses or uses a controlled substance in or on premises in the workplace or in the course and scope of his/her employment, regardless of whether such activity results in the imposition of a penalty under a criminal statute, will be subject to appropriate disciplinary action, including termination, or will be required to participate satisfactory in an approved drug assistance or rehabilitation program or both.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Political Aid, Legislative Influence, and Standards of Conduct**  
**Provisions of the 1998 – 99 Appropriations Act.**

Employment provisions in Article IX. Sections 5 and 6 of the current *Appropriations Act* require that the following provisions be furnished to each employee. These sections also require that each employee acknowledge receipt of this information.

**Sec. 5 Political Aid and legislative Influence Prohibited.** None of the moneys appropriated by this Act, regardless of their source or character, shall be used for influencing the outcome of any election, or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the state from furnishing to any Member of the Legislature or committee upon request, or to any other state official or employee or to any citizen information in the hands of the employee or official not considered under law to be confidential information. Any action taken against an employee or official for supplying such information shall subject the person initiating the action to immediate dismissal from state employment.

No funds under the control of any state agency or institution, including but not limited to state appropriate funds, may be used directly or indirectly to hire employees or in any other way fund or support candidates for the legislative, executive, or judicial branches of government of the State of Texas or the government of the United States.

None of the funds appropriated by this Act shall be expended in payment of the salary for full-time employment of any state employee who is also the paid lobbyist of any individual, firm, association or of a part-time employee who is required to register as a lobbyist by virtue of the employee's activities for institution for which the person is employed. A part-time employee may serve as a lobbyist on behalf of industry, a profession or association as long as such entity is not related to the agency with which he or she is employed.

Except as authorized by law, none of the funds appropriated by this Act shall be expended in payment of membership dues to an organization on behalf of the agency or an employee of an agency if the organization pays all or part of the salary of a person required to register under Chapter 305, Government code.

No employee of any state agency shall use any state-owned automobile except on official business of the state, and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violated any of the provisions of this section.

**Sec. 6 Standards of Conduct for State Employees.** None of the funds appropriated by this Act shall be expended to pay the salary of a state employee who:

- 1) accepts or solicits any gift, favor, or service that might reasonably tend to influence the employee in the discharge of official duties or that the employee knows or should know is being offered with the intent to influence the employee's official conduct;
- 2) accepts other employment or engages in a business or professional activity that the employee might reasonably expect would require or induce the employee to dissolve confidential information acquired by reason of the official position;
- 3) accepts other employment or compensation that could reasonably be expected to impair the employee's independence of judgment in the performance of the employee's official duties;
- 4) makes personal investments that could reasonably be expected to create a substantial conflict between the employee's private interest and the public interest; or
- 5) intentionally or knowingly solicits, accepts, or agrees to accept any benefit for having exercised the employee's official powers or performed the employee's official duties in favor of another.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

PLEASE PRINT ALL INFORMATION REQUESTED

**DATE:** \_\_\_\_\_



The University of Texas Medical Branch

**AUTHORIZATION FOR PAYROLL DEDUCTION FOR OUT-OF-POCKET  
INSURANCE COSTS**

Name (printed): \_\_\_\_\_

TO: BENEFITS CENTER

I understand that as a full time employee with the University of Texas Medical Branch my Medical coverage is provided at no cost to me; however, should I drop below 100% (full-time) status, the University will only pay a portion of my insurance.

The remainder of the premiums due, that the University will not pay, will be deducted from my paycheck.

If the status change occurs and I do not wish to keep my insurances, I must notify the Benefits department within 31 days of the status change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Teacher Retirement System of Texas/Optional Retirement Program**  
**Confirmation of Prior Participation**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Emp#: \_\_\_\_\_

1. Have you ever worked in Texas for State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools?

Yes \_\_\_\_ No \_\_\_\_

If yes, where?

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**If YES, please complete the remainder of the form.**

2. Did you contribute to TRS during this period of employment? Yes \_\_\_\_ No \_\_\_\_

If YES, have you withdrawn your funds from TRS? Yes \_\_\_\_ No \_\_\_\_

If NO, are you currently receiving a monthly retirement check from TRS? Yes \_\_\_\_ No \_\_\_\_

3. Have you ever elected the Optional Retirement Plan (ORP) in the state of Texas in lieu of participating in TRS?

Yes \_\_\_\_ No \_\_\_\_

If YES, please list places of employment and dates of participation:

Place of Employment	Dates
	to
	to
	to
	to
	to

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYEE HEALTH QUESTIONNAIRE

Previous UTMB Employee ☐ No ☐ Yes Year \_\_\_\_\_

<b>Date:</b>		<b>UTMB ID#:</b>	
<b>Last Name:</b>		<b>First Name:</b>	<b>MI:</b>
<b>Maiden Name:</b>	<b>Marital Status:</b>		<b>Date of Birth:</b>
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b>	<b>UTMB Mail Route:</b>	
<b>Home Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Phone #:</b>	<b>Birthplace:</b>	<b>Job Title:</b>	
<b>Department:</b>	<b>Duty Hours:</b>	<b>Work Telephone #:</b>	
<b>Supervisor:</b>			
The scope of my duties with UTMB does ___/does not ___ include direct contact with human blood, body fluids, and/or tissues.			
The scope of my duties with UTMB does ___/does not ___ include direct interaction (that is, in the same airspace) with patients.			
The scope of my duties with UTMB does ___/does not ___ include direct contact with animals or chemicals (used for research), radiological, isotopes, and/or toxins (research).			
<b>MEDICAL HISTORY:</b>			
List any current medical problems that require treatment or follow up:			
List any current medications you take:			
List any Medication Allergies you have:			
List any Allergies other than to medications:			
List any Medication you cannot take because of side effects or intolerances (exclude allergies):			
List any surgeries/operations/or serious injuries you have had:			
Check (✓) any of the following you currently have, or ever had:			
<input type="checkbox"/> Epilepsy or Convulsions	<input type="checkbox"/> Fainting or Dizzy Spells	<input type="checkbox"/> Impaired Hearing	
<input type="checkbox"/> Abnormal Color Vision	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Problem	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hernia	
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Fainting after Shots	<input type="checkbox"/> Back Pain or Spine Disorder	
<input type="checkbox"/> Back Surgery	<input type="checkbox"/> Bone or Joint Problem	<input type="checkbox"/> Positive TB Skin Test	
<input type="checkbox"/> Tuberculosis Disease	<input type="checkbox"/> Chronic Infection	<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Rubella (German Measles)	<input type="checkbox"/> Measles	<input type="checkbox"/> Chronic Skin Problem	
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Other		
Comments: _____ _____			
<i>I acknowledge the above answers and all other information otherwise given by me as true, complete, and not misleading in any way. I understand that any incorrect, incomplete, misleading or false statements furnished by me will result in discharge from UTMB if I am employed. All information will be held strictly confidential.</i>			
<b>Signature:</b>		<b>Date:</b>	

## Embedded Secure Document

The file <http://www.uscis.gov/files/form/i-9.pdf> is a secure document that has been embedded in this document. Double click the pushpin to view.