

The University of Texas Health Science Center at Houston

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# **Business Continuity Plan – Infrastructure (Support Services)**



**THE UNIVERSITY of TEXAS**  
HEALTH SCIENCE CENTER AT HOUSTON

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*A companion document for the UTHSC-H Emergency Situation Response Plan  
August 2007*

## *Introduction*

The University of Texas Health Science Center at Houston (UTHSC-H) may encounter a variety of emergency situations. Depending on its severity, an emergency can drastically impact the institution's ability to fulfill its stated missions. To minimize both the frequency and severity of emergency situations on the institution, the UTHSC-H maintains a proactive environmental health and safety program that works to prevent the occurrence of emergency events, and to mitigate the extent of any emergencies that might arise.

Based upon the experience with Tropical Storm Allison, 30 days post event is the most critical timeframe with regard to immediate recovery decisions, resource procurement, and the establishment of temporary means and locations of essential functions. The UTHSC-H Business Continuity Plan (BCP) is intended to describe actions and decision-making capabilities for that time frame by suggesting enhanced pre-event strategies to reduce or eliminate the impacts of emergencies at the local operational level. This process is on-going within the clinical, educational, and research mission areas with the assistance of Environmental Health and Safety. This element of the BCP is intended to provide a guide to essential institutional infrastructure services for the UTHSC-H community in the event normal operations are curtailed due to the occurrence of an event.

Much like the mission areas, the departments providing essential infrastructure services have also completed their business continuity worksheets. A sample of the worksheet template is contained in Appendix I. In the pages that follow, the information gathered from the infrastructure worksheets have been compiled in order to address the following basic needs:

- Information / communication
  - Facility availability / access
  - Information system availability
  - Operations status
- Acquisition and payment for goods and services
- Collection / deposit of proceeds
- Payment of employees
- Billing for services
- Auxiliary Services (student housing, transportation, parking)

In addition to this Business Continuity Plan, UTHSC-H has also prepared the following:

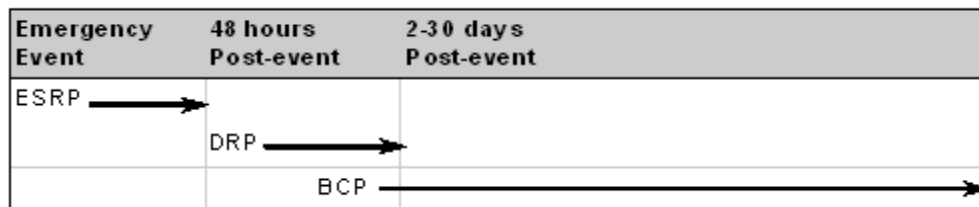
1. Emergency Situation Response Plan (ESRP) that details the steps to be taken in the event of an emergency. It specifically covers the:
  - a. Pre-event stage or time prior to an event. During this time education, training and preparation of the institutional community take place in order to prevent or minimize the impacts of any emergency situation.
  - b. The event or actual emergency.
  - c. The response stage that includes the immediate response which may include evacuation, incident reporting and/or personnel rescue.
  - d. The assessment, mitigation and debris removal stage.
2. Information Services Disaster Recovery Plan (DRP) that defines the information systems covered, the operational assumptions, and the disaster recovery procedures.

The computer systems assigned to DR Priority 1 – Critical Functions include:

- a. PeopleSoft Financial Management System (FMS)
- b. PeopleSoft Human Resource Management System (HRMS)
- c. IDX – Claims Manager
- d. Eclypsis Sunrise
- e. Student Information System (SIS)

These systems are covered by a contract with SunGard Availability Services – a hot site provider – to provide facilities and equipment to recover the above systems within 48 hours of an outage.

The Emergency Situation Response Plan (ESRP), the IT Disaster Recovery Plan, and the BCP provide a comprehensive guide for operating in a period leading up to and for 30 days after an event. Although each plan is designed to address specific purposes, there is a redundancy tying the plans together. The illustration below reflects the overlap in the timeframe the various plans cover.



### *Importance of Community Education for Business Continuity*

The first step in ensuring business continuity in the event of an emergency is ensuring that all students and employees are educated about the importance of being prepared at home. Any institutional preparations are essentially useless if the individuals who make the processes happen are pre-occupied with issues at home. Supervisors and instructors should encourage their employees and students to make home “all hazards” preparations for emergency situations, to ensure care for family and pets during any type of emergency. Included in these preparations should be supervisor or entity contact information so that notifications can be provided if unable to report to work or class. Employees who have been identified by their supervisors as critical to the continued operation of the unit are expected to have preparations in place for their families and pets so that they can fulfill their work obligations. It is also important to understand that the UTHSC-H is not a place of refuge for family and pets in emergency situations, hence the increased need for at home preparations.

Students and employees are responsible for knowing how to access information about the UTHSC-H’s status of being open or in a restricted access situation. Students and employees must understand that if the institution is open, but they are unable to arrive to their class or workplace for whatever reason, the entity supervisor must be notified and the appropriate type of leave time must be utilized.

Students and employees must understand that the UTHSC-H is not a place of refuge, so in situations where the institution is in a condition of restricted access, only those individuals absolutely needing access to university buildings will be allowed. Examples of such essential persons would include animal care workers and facilities support personnel. In situations where the institution is closed (e.g. government mandated evacuation), necessary building closure procedures will be instituted and upon completion no building access will be permitted. Any restricted access or closing of buildings would be authorized by executive leadership per the Emergency Situation Response Plan.

### *Information / Communication*

During the period governed by the ESRP, information / communication will be driven by the UTHSC-H Executive Team which retains the authority to suspend operations. The decision to suspend operations will be applied to all Schools and Departments on a consistent basis.

Based upon the ESRP, UTHSC-H employees, in an emergency situation, may obtain information about the institution's official status by any of the following means:

- Viewing the UTHSC-H Web at <http://www.uthouston.edu>
- Tune in to any of these radio stations: KIKK-AM 650, KIKK FM-95.7, KILT-AM 610, KILT-FM 100.3, KPRC-AM 950, or KTRH-AM 740. Local television stations are also notified.
- In the event of severe weather, most UTHSC-H employees and students should call (713) 500-9996 to find out whether UTHSC-H is open.
- Harris County Psychiatric Center employees should call (713) 741-5001.
- Employees with offices located at the Medical School, John Freeman Building, U.T. Professional Building, Cyclotron facility or Jesse Jones Library building should call (713) 500-7999.

If operations must be suspended during normal business hours (8 a.m. to 5 p.m., Monday through Friday) the UTHSC-H Executive Team will request that the UTHSC-H Office of Institutional Advancement's Communication and Media Relations Teams notify all Level 4 Essential and Advisory personnel and administrative department heads.

For the 30 days subsequent to an event, the primary method for conveying campus information will be <http://www.uthoustonemergency.org/>. The website will provide information regarding the status of facilities, information system, and operations utilizing a green, yellow, or red dashboard approach. A green status will mean fully operational, a yellow status will indicate diminished capacity, and a red status indicates complete closure/failure. In the event of a yellow or red status, additional information will be available by clicking on the yellow or red object.

The facility status will be reflected on a campus map with University buildings color-coded. This information would be updated, minimally, on a daily basis by the Office of Institutional Advancement's (OIA) Communication team after receiving a status report from pre-defined facility coordinators. The facility coordinator's response is based upon input from UT Police, Facilities, and Environmental Health and Safety representatives. A shared facility / operations communication template is included in Appendix II.

Information system updates will be communicated by the OIA's Communication Team on a daily basis via the Internet. The update will be provided to the OIA Communication Team by

Information Technology's Disaster Recovery Team. Details surrounding the individual systems impacted will be provided in the event of a yellow or red status. Information systems will be grouped based upon the following categories:

- Campus Infrastructure
- Clinical Systems
- Academic Systems
- Administrative Systems
- Collaborative Technology

Operational status, independent of facility availability, will be indicated for each of the schools, HCPC, UT Physician Clinics, and Administration. Any closures during the business continuity phase will be unique to the operational entity. This update will be provided, daily, to the OIA Communication Team by operational leadership. Any change contrary to normal operations will be reflected by a yellow or red status with specific information related to that operational entity provided via web link.

#### *Necessary Institutional Infrastructure and Services*

The following eleven institutional infrastructures and services are considered to be essential to maintenance of an environment which can support efforts to maintain business continuity in the period 30 days after an event:

##### 1. UT Police

Building access controls – locks, doors, security

Controlling community unrest

Crowd control

##### 2. Facilities

Building integrity – roofs, walls, windows, doors

Building power – electrical, water, ventilation systems

Debris removal

##### 3. Information Technology/Communications

Information technology – phones, Internet communications, data preservation, business information systems

4. Office of Institutional Advancement Communications Team

Sources of communications – ability to transmit key decisions and information to the institutional community

5. Environmental Health & Safety and Risk Management

Sanitation and health – the ability to determine if the work environment represents a potentially unsafe condition

Hazardous wastes – the ability to remove and manage any hazardous wastes

Insurance loss assessments – notifications and assessments by insurers

6. Center for Laboratory Animal Medicine and Care

Animal care – the uninterrupted support and care of research animals

7. Financial

The ability to purchase goods (procurement), bill for services (contracts, grants), manage cash, and manage capital assets

8. Human Resources / Payroll

Personnel policy – make decisions regarding return to work issues, hiring and separation of employees, maintain payroll (including time-keeping).

9. Medical billing

The ability to charge and collect for services rendered

10. Registrars Office

Tracking of courses and grades for fulfillment of academic requirements

Ability to process new applicants

11. Auxiliary Enterprises

Student Housing and Student/Staff Services- Housing for students and day care for children of faculty/staff/students

Transportation Services- off campus transportation for UTHSC-H Badge holders to on campus work stations or classes.

Business continuity worksheets have been completed for each of the institutional infrastructure units. In some cases, such as Informational Technology and UT Police, very detailed plans exist within the units. The operational entity level will rely on the listed institutional infrastructure systems as services to continue operations.

During the business continuity period, UT Police, Environmental Health and Safety, and Facilities will be working with the operational leadership to insure a safe working environment. The process to initiate personnel, financial, and medical billing transactions will largely be dictated by the status of the information technology infrastructure. While the supporting systems (PeopleSoft FMS & HRMS, and IDX) should be operational under the IT Disaster Recovery Plan within 48 hours, access to the information systems will only be available to a limited number of users within central processing. In the absence of institution-wide information system access, the tables following on pages 9-13 provide an overview of the processes related to procurement, capital asset management, cash management, human resources/payroll, and Auxiliary Enterprises parking. Process flows for these support services are included in Appendix III. The manual forms associated with the processes are included in Appendix IV.



**Business Continuity Plan  
Functional Process – Disaster Recovery Mode  
Procurement**

<b>Process Function</b>	<b>Process Steps</b>	<b>Affected Systems and Impact</b>	<b>Forms</b>
<b>Procurement Services Emergency Operational Instructions (See flowchart, Appendix III, Page 21)</b>			
Place Order	User completes paper requisition form	FMS unavailable to end user	POS/Order Request Form (Appendix IV Page 27)
BuyCard Transaction	Attach receipt to requisition form		
	Place in Emergency file		
Communications Available	Attach quotes to requisition for send to Published Procurement Fax/Email	Email/phone service available	
	Procurement places order		
	Attach packing list to requisition and place in Emergency file		
BuyCard / Communications not available	Procurement places order with supplier	Email/phone service unavailable	
	Send quotes, packing list & requisition to AP location for payment		
	Place copies in Emergency file		
Payment request for Non-PO invoices	Forward Non-PO voucher and invoices to Accounts Payable		Non-PO Voucher Request Form (Appendix IV Page 28)

## Capital Asset Management

Process Function	Process Steps	Affected Systems and Impact	Needed Forms
<b>Inventory, Photograph, and Secure Damaged Assets (See flowchart, Appendix III, Page 22)</b>			
Obtain applicable inventory list	Retrieve inventories through FMS	Limited FMS Asset Management module availability	
	Retrieve last printed inventories from OCB	If FMS is unavailable	
	Handwrite inventory list at location if OCB is not accessible		
Take inventory	Secure access to area		
	Video, photograph, scan equipment at site		Complete Missing, Damaged, or Stolen Property Report Form (Appendix IV, Page 29)
Relocate equipment	ID authorized personnel to move property		
	Move equipment to OCB or other storage facility		
File and update inventory	Scan tagged equipment	Limited FMS Asset Management module availability	
	Complete removal forms and/or file and update		Complete Temporary Removal of Equipment Form (Appendix IV Page 30)

## Cash Management

Process Function	Process Steps	Affected Systems and Impact	Needed Forms
<b>Cash Inflows Process (See flowchart, Appendix III, Page 23)</b>			
Receipt of funds	Collection points identified and communicated	Limited FMS AR/Billing availability	Check Logs, Tamper-proof bag logs (Appendix IV, Page 32-35)
	Make money run to various sites		
	Make daily deposit to bank		

<b>Cash Outflows Process (See flowchart, Appendix III, Page 23)</b>			
Petty Cash	Petty Cash / Cash Draw reimbursements needed		Petty Cash form (Appendix IV, Page 36)
	Cash provided by Bursar		
	Return receipts to Bursar		
Payroll/Accounts Payable  Electronic Funds Transfer	Replenish the Bursar's fund See Human Resources – Payroll process and Procurement process		Request – Check Cancellation at Bank, ACH Stop Payment / Reversal, Request for Wire Transfer, Electronic Funds Transfer Request (Appendix IV, Pages 37-40)

### Human Resources – Payroll

<b>Process Function</b>	<b>Process Steps</b>	<b>Affected Systems and Impact</b>	<b>Needed Forms</b>
<b>New Hire Process (See flowchart, Appendix III, Page 24)</b>			
ID need	Department informs HR of new hire / hiring need and requirements	HRMS and FMS are impaired or down	
	Department works with procurement if not employee		
Required Paperwork	Application, background check, etc of chosen candidate completed		
	Department submits paper PA to SDR		New Hire / Rehire Request (Appendix IV, Pages 41-42)
	SDR loads PA into system	Vacant position filled	

<b>Pay Employee Process (See flowchart, Appendix III, Page 25)</b>			
Summary data file to Payroll	Department collects time sheets for critical exceptions times and enters them on a summary data file	TMS unavailable	Time Report (Appendix IV, Page 43)
	Department submits signed summary data file to Payroll		
	Payroll runs loaded data		
Payroll generates employee pay data	Payroll sends file to bank for Direct Deposit		
	Checks are printed and made available at announced site for distribution		
<b>Separate Employees Process (See flowchart, Appendix III, Page 26)</b>			
ID employee to be separated	Department notifies HR of employee and how separated for approval	HRMS and FMS are impaired or down	Termination / LOA Request (Appendix IV, Page 44)
Enter request form	Request form entered by SDR once approval (if necessary) is received from HR		
Issue final paycheck and vacation payout	Payroll process final paycheck for separated employee (vacation payout delayed until crisis abates)		
	Payroll process vacation payout for separated employee	Vacant position created in department	

## Auxiliary Enterprises Parking

Process Function	Process Steps	Affected Systems and Impact	Needed Forms
<b>Parking Services Operation Process</b>			
Staff availability	Parking made accessible during emergency by Department		
	Manager checks on employee's safety and ability to return to work		
Open parking lots	Managers decide on most critical parking areas		
	OCB, MSI & SON entrance/exit gates locked in up positions until emergency is over		
	If UCT parking area is open, the Fannin Street exit will be closed		
	Staff member at UCT entrance passing out tickets		
Payments	Temporary Hang Tags must be required in OCB A, B & C lots until emergency is over		
	Gate at OCB between visitor parking and loading dock will remain open		
	UCT parking garage patron will be assessed charges at main parking office		
	Patron will exit through Pressler exit with a paid ticket		
Deposits	Deposits & daily work done remotely	If FMS is available	

# Disaster Preparedness and Business Continuity Worksheet

*(adapted from [www.ready.gov](http://www.ready.gov) U.S. Department of Homeland Security)*

## Infrastructure

### INFRASTRUCTURE DESCRIPTION

Infrastructure activity \_\_\_\_\_

Name of key administrator for infrastructure activity addressed in this plan:

Senior Management \_\_\_\_\_

Executive Management \_\_\_\_\_

Location of unit: Building \_\_\_\_\_ Room numbers: \_\_\_\_\_

Name of person completing this worksheet : \_\_\_\_\_ Phone number: \_\_\_\_\_

Date completed: \_\_\_\_\_

### BASIC COMMUNICATIONS

Provide the various ways that subordinates can use to contact the key administrator

Name	Office Number	Home Number	Cell Phone	Pager	E-mail

Provide the various means that can be used to contact key infrastructure personnel

Name	Office Number	Home Number	Cell Phone	Pager	E-mail


Has all staff been made aware of Public Affairs website on emergency communications and the various means that can be used to access information about the status of the institution?      Yes      No      N/A

Has all staff been made aware of the importance of being prepared at home with an “all hazards” home preparedness kit? (Access [www.ready.gov](http://www.ready.gov) for suggest kit contents)      Yes      No      N/A

Has infrastructure defined key operational instructions to be conveyed via Public Affairs website on emergency communications? Attach in Appendix I      Yes      No      N/A

**BASIC RISK AWARENESS**

Does the key administrator understand that the deductible for the institutional property insurance policy for UTHSC-H is at least \$250,000, and that certain key exclusions to coverage apply, such as damaged caused by a “named storm”?      Yes      No      N/A

Does the key administrator understand that the supplemental insurance can be purchased for specific pieces of equipment that may be critical to operations?      Yes      No      N/A

Are student, faculty, and staff aware that personal property is not covered by UTHSC-H property insurance?      Yes      No      N/A

Are any administrative activities carried out in leased space? If yes, verify emergency support measures provided by landlord.      Yes      No      N/A

**PROTECTION OF EQUIPMENT AND CRITICAL MATERIALS**

Are critical pieces of equipment protected from risks such as theft, water leaks, and/or electrical surges/outages?      Yes      No

Is temperature or time sensitive equipment equipped with failure alarms?      Yes      No

If the basic security measures employed are not sufficient to halt malicious acts (e.g. forced entry into office or lab and theft of laptop or equipment) has consideration been given to how information or data might be recovered if lost, such as daily data uploads and back ups?      Yes      No      N/A

**PROTECTION OF DATA**

Is student, patient, or employee data saved on a network drive so that it is protected by network emergency back ups?      Yes      No

Is any information (data or documents) stored on laptops routinely saved to network drives?      Yes      No

For any information retained locally, does any mechanism exist for its protection or recovery?      Yes      No

Are any locally created data back ups stored in a physically separate location?      Yes      No

## **PROCUREMENT OF KEY SUPPLIES**

Enter the name and contact information of the primary and two back up individuals who are able and authorized to make purchases for necessary supplies in the event of an emergency

Name	Office number	Home number

Enter the name and contact information of the critical vendors necessary to maintain business operations during the business continuity time period.

Vendor name	Vendor contact	Office / Home number

## **ACCESS**

If access to your office were restricted or prohibited for some period of time due to an emergency, indicate which options might be possible to continue operations:

remote access of computer data files and work from home or off-site

work in alternate locations with peers until recovery is achieved

other – briefly describe:



Are infrastructure processes which interface with customers tied to specific operational locations?      Yes      No

Have alternate locations been identified for that customer interaction?      Yes      No

Infrastructure activity	Building / Room	Contact number

**AVAILABILITY OF PEER-TO-PEER SUPPORT IN EVENT OF LOSS**

Provide the name, location and contact information of a local peer that might be willing and able to assist with infrastructure activities if an emergency occurs. Also include the contact information for a peer outside the Houston area

Local peer name	Institution	Contact number
Out of affected region peer name	Institution	Contact number

**ASSET DOCUMENTATION AND INSURANCE RECOVERY**

Indicate the type of documentation that exists that could be used to facilitate any possible insurance claims in the event of a loss

- receipts
- inventories
- means for tracking loss of business income
- dates photographs or videotapes

Indicate the location of any documents checked: \_\_\_\_\_

## **PROCESS DEFINITION / WORKFLOW**

Are infrastructure processes driven by the availability of electronic information systems?      Yes      No

If yes, has the infrastructure activity determined what level of functionality and system access will be available in information systems disaster recovery mode?      Yes      No

If the process work flow differs from normal operations, please include the modified process work flow in Appendix II. The process workflow(s) should take into consideration limited or non-existent information system availability.

## **KEY FORMS**

Does the infrastructure process utilize electronic forms to facilitate operations? If yes, attach paper forms to be utilized with limited information system availability and with no information system availability – Appendix III      Yes      No

## **OTHER SPECIAL CONSIDERATIONS**

Please include in the space below any other information that may be useful to facilitate continuity of activities in the event of an emergency

**BUILDING ACCESSIBILITY / OPERATIONAL STATUS**

Building Name \_\_\_\_\_

Operating Entity \_\_\_\_\_

This form is to be completed by the authorized facility/operations coordinator while a facility remains in a yellow or red status and/or operations are impaired. It should be completed based upon feedback from Environmental Health & Safety Services, Facilities Planning & Engineering, and UT Police Department representatives identified below. Depending upon availability of communication tools, the coordinator(s) will either be contacted by the OIA Communication Team or provide the information by one of the methods listed below. Updates should be provided at the hours of 10:00am and 5:00pm daily until green status is attained.

- Phone
  - OIA Communication Team - 713.500.3296
  - Alternate: 713.500.3030
- Fax
  - OIA Communication Team - 713.500.3052
- Emailed
  - OIA Communication Team - [jennifer.l.canup@uth.tmc.edu](mailto:jennifer.l.canup@uth.tmc.edu)

**Site Coordinator(s)**

\_\_\_\_\_  
UTPD Phone Email address

\_\_\_\_\_  
Environmental Health & Safety Phone Email address

\_\_\_\_\_  
Facilities Planning & Engineering Phone Email address

\_\_\_\_\_  
**Facility Coordinator** Work phone Work email address

\_\_\_\_\_  
Fax number Home phone Home email address

\_\_\_\_\_  
Cell phone Pager

\_\_\_\_\_  
**Operations Coordinator** Work phone Work email address

\_\_\_\_\_  
Fax number Home phone Home email address

\_\_\_\_\_  
Cell phone Pager

**Facility Status:**

- Open (fully operational)  Green
- Closed (unavailable)  Red
- Limited / Restricted  Yellow (Provide details below)

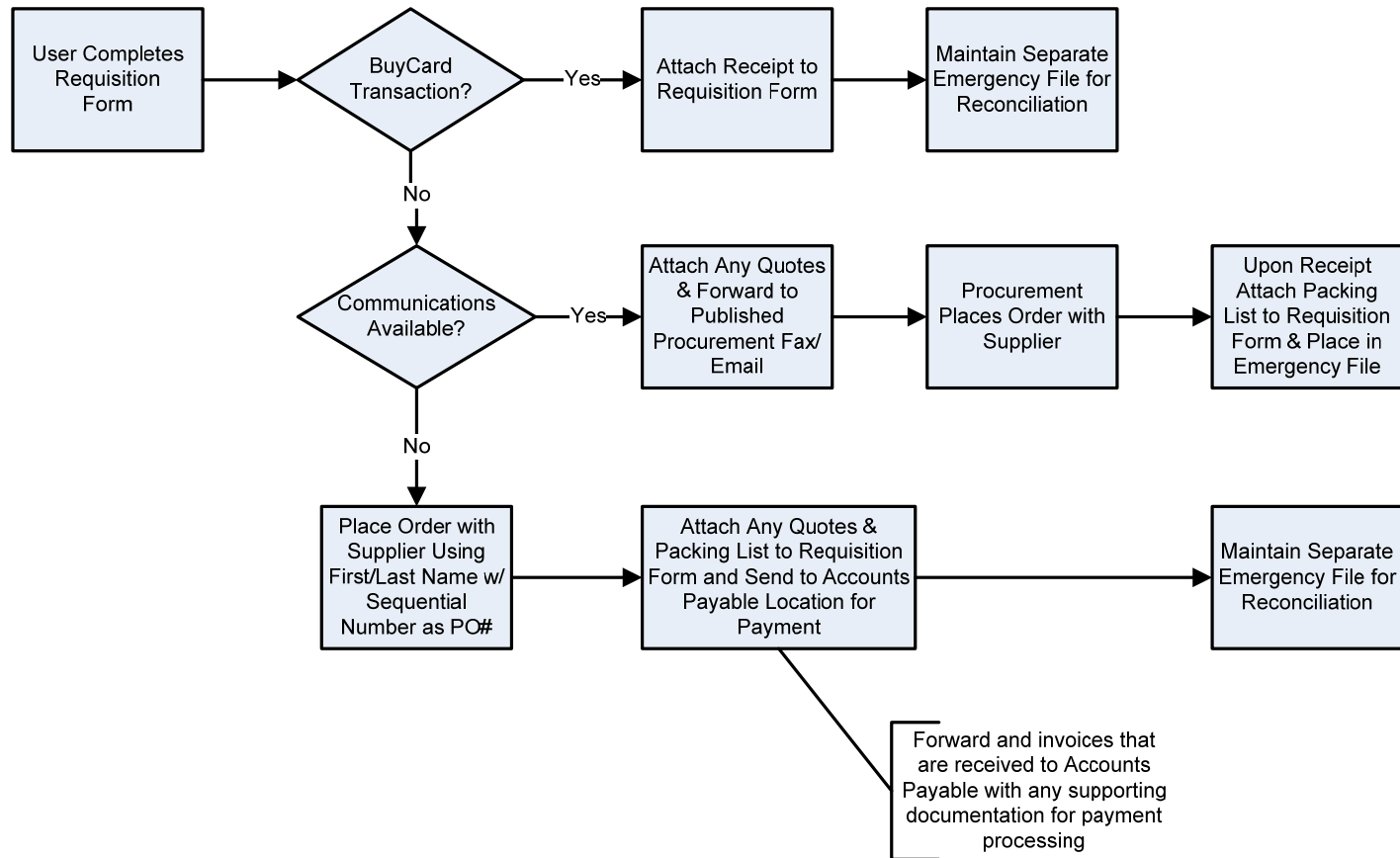
**Operational Status:**

- Open (fully operational)  Green
- Closed (unavailable)  Red
- Limited / Restricted  Yellow (Provide details below)

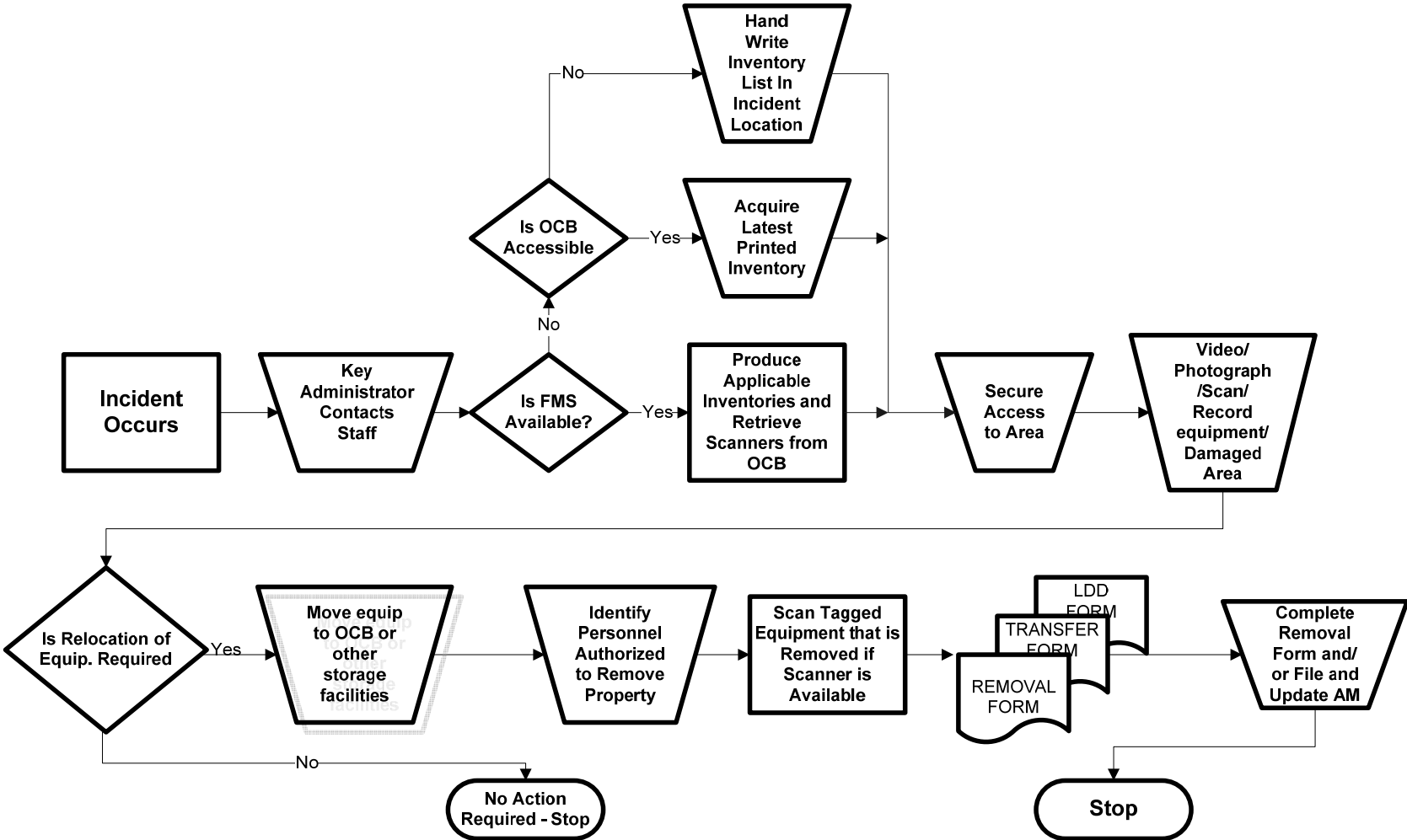


Appendix III

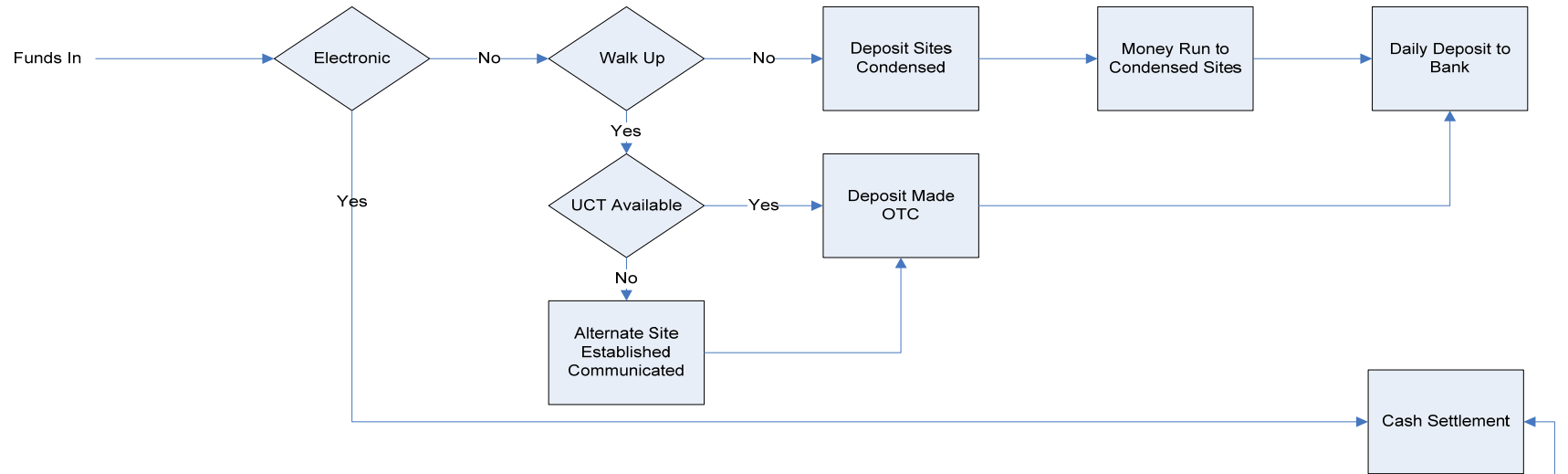
Procurement Services Emergency Operational Instructions



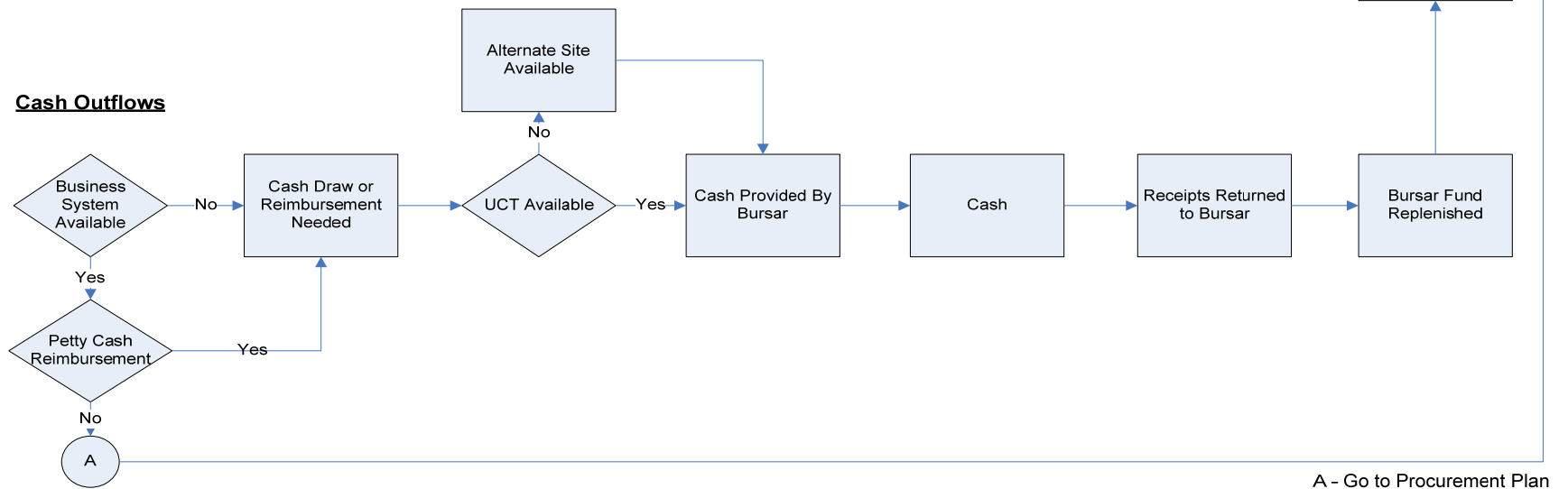
# ASSET MANAGEMENT EQUIPMENT CONTINUITY PROCESS



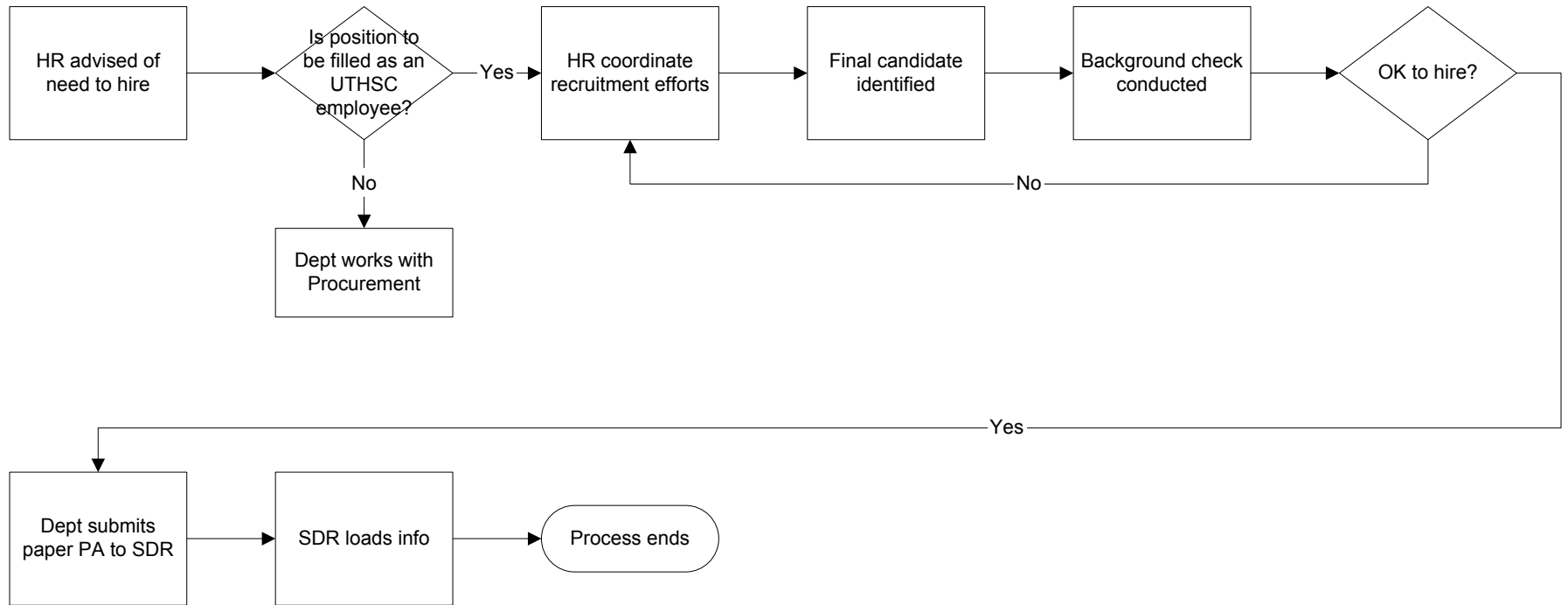
**Cash Inflows**



**Cash Outflows**



Business Continuity  
New Hire Process

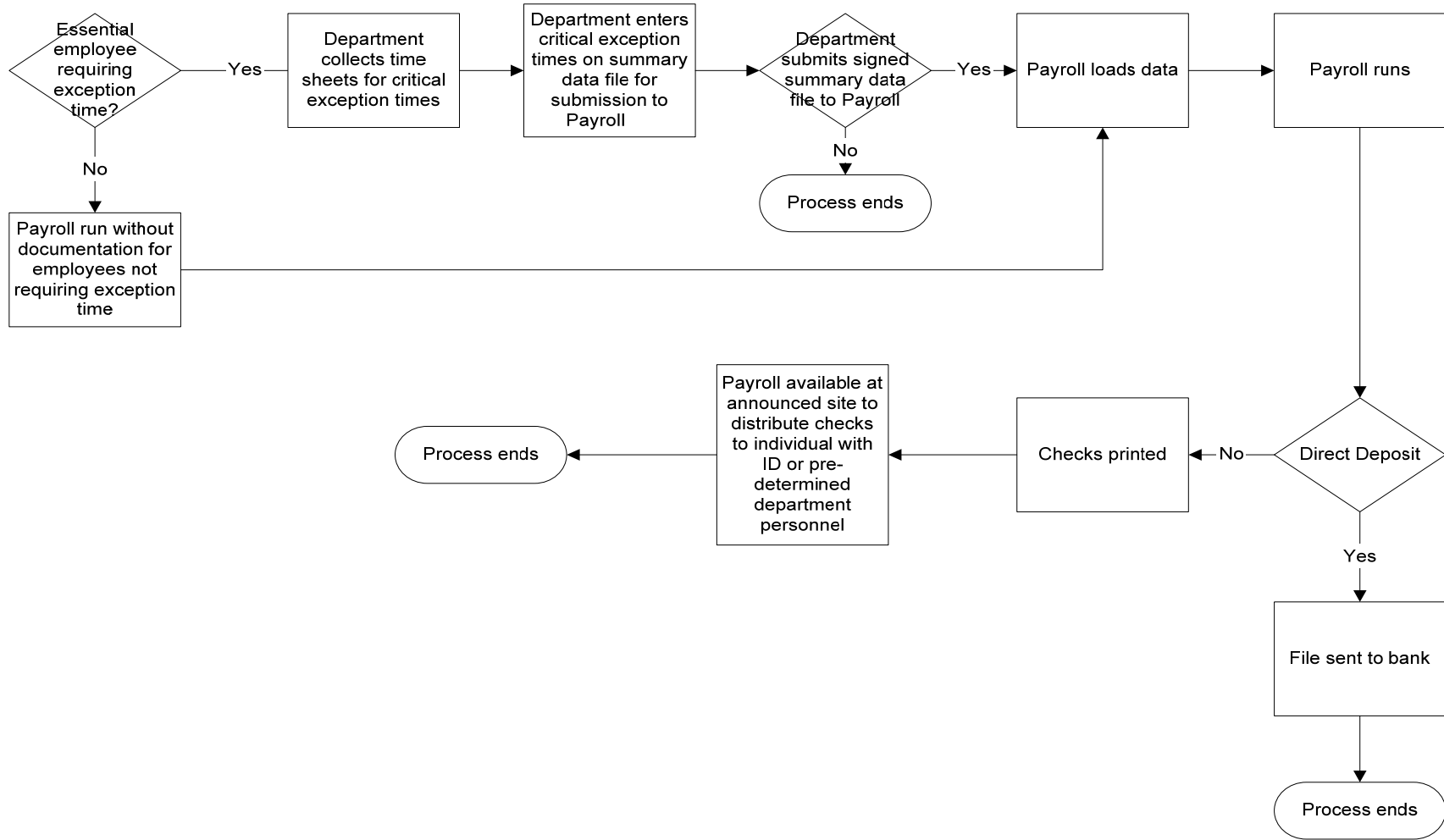


Additional Items of Interest

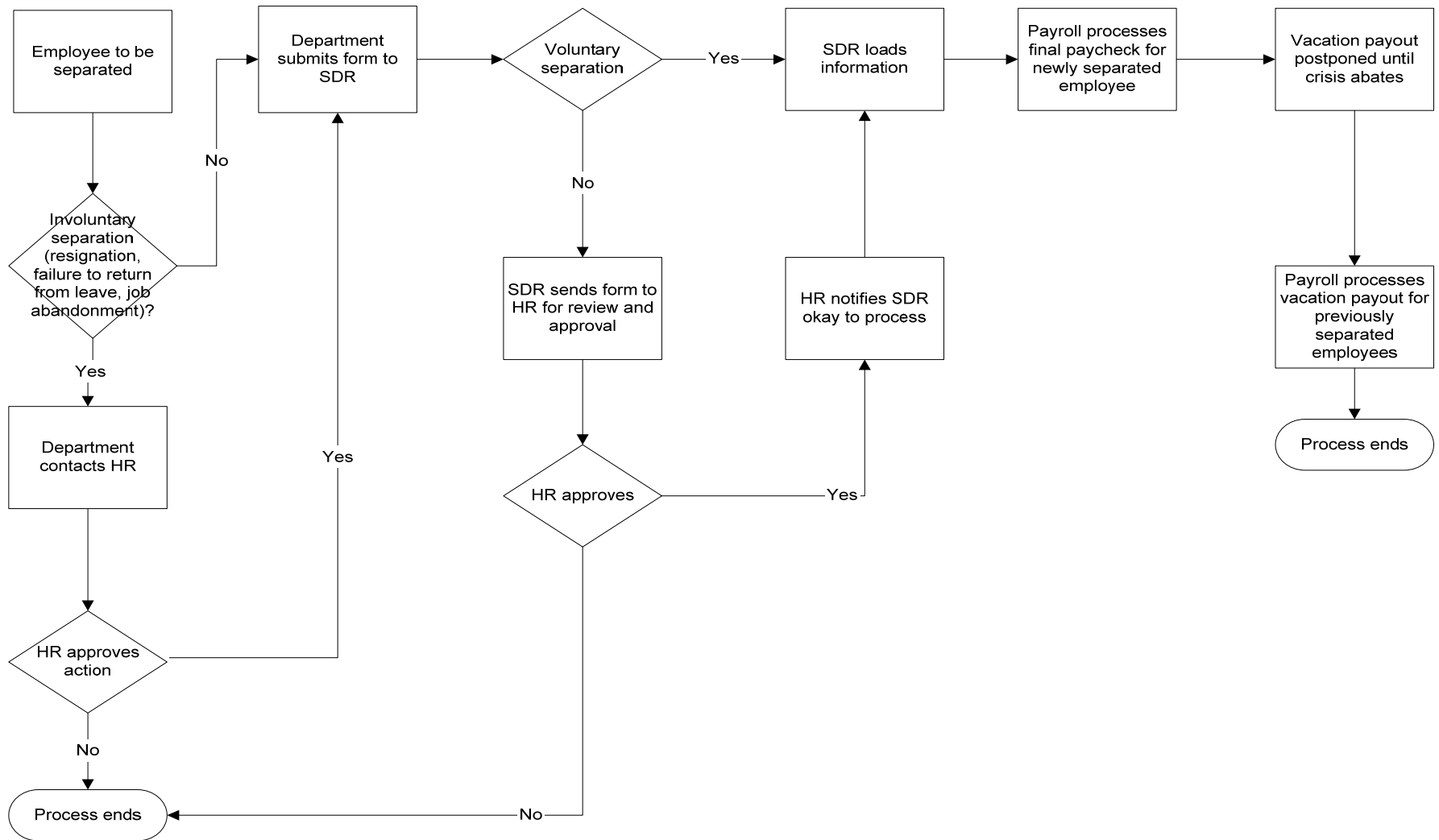
- ID badges
- security of building and property



# Business Continuity Pay Employees Process: No Time Files Available



## Business Continuity Separate Employees Process



Appendix IV

**EMERGENCY PURCHASING REQUISITION FORM**



**PURCHASING  
POS/ Order Request Form**

**DEPARTMENT OF:** \_\_\_\_\_  
**DIVISION OF:** \_\_\_\_\_

DATE: \_\_\_\_\_ \* REQUESTOR/(ED) BY: \_\_\_\_\_  
 \* SUPPLIER/ VENDOR NAME: \_\_\_\_\_  
 NEW SUPPLIER/ VENDOR: Y \_\_\_\_\_ N \_\_\_\_\_; \*IF YES ↓ \* CONTACT: \_\_\_\_\_  
 \* PAYEE/ VENDOR SSN OR EDI #: \_\_\_\_\_ \* PHONE #: \_\_\_\_\_  
 VENDOR CODE: \_\_\_\_\_ \* DELIVERY ROOM: \_\_\_\_\_  
 VENDOR PHONE: \_\_\_\_\_ \* DELIVERY DATE REQUIRED: \_\_\_\_\_  
 VENDOR ADDRESS: \_\_\_\_\_ \* OVERNIGHT / RUSH CHARGES: Y \_\_\_\_\_ N \_\_\_\_\_

\*\*\*\* ACCOUNTING INFORMATION: Please provide complete chartfield combination to expedite Order Request. \*\*\*\*

OPERATING UNIT #: \_\_\_\_\_ DEPT. #: \_\_\_\_\_ FUND #: \_\_\_\_\_  
 PROJECT #: \_\_\_\_\_ PROGRAM #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_ CLASS #: \_\_\_\_\_

**TO BE COMPLETED BY THE PURCHASING DEPT.**

ORDER #: \_\_\_\_\_  
 ORDER CONFIRMATION #: \_\_\_\_\_  
 REQ #: \_\_\_\_\_  
 PO #: \_\_\_\_\_  
 ENTERED BY/ DATE: \_\_\_\_\_

LINE #	* CATALOG #	DESCRIPTION/ COMMODITY #	* QUANTITY	* UNIT OF MEASURE	UNIT COST	TOTAL COST
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -

**GRAND TOTAL \$ -**

Comments/ Justifications:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized by: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**EMERGENCY NON-PO VOUCHER FORM**



**PURCHASING  
Non-PO Voucher Request Form**

**DEPARTMENT OF:** \_\_\_\_\_  
**DIVISION OF:** \_\_\_\_\_

DATE: _____	* REQUESTOR/(ED) BY: _____
* PAYEE/ VENDOR NAME: _____	
NEW PAYEE/ VENDOR: Y _____ N _____; *IF YES ↓	* CONTACT: _____
* PAYEE/ VENDOR SSN OR EDI #: _____	* PHONE #: _____
VENDOR CODE: _____	* BLDG./RM. LOCATION: _____
VENDOR PHONE: _____	* VENDOR INVOICE #: _____
VENDOR ADDRESS: _____	* INVOICE \$ AMT./ DATE: _____

\*\*\*\* ACCOUNTING INFORMATION: Please provide complete chartfield combination to expedite Non\_PO Voucher Request. \*\*\*\*

OPERATING UNIT #: _____	DEPT. #: _____	FUND #: _____
PROJECT #: _____	PROGRAM #: _____	ACCOUNT #: _____
		CLASS #: _____

\* DETAILED DESCRIPTION/ PURPOSE OF EXPENSE

---

\* BENEFIT TO UTH-HSC

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\* OFFICIAL FUNCTION INFORMATION

Date & Location: \_\_\_\_\_

Topics Discussed: \_\_\_\_\_

\* ATTENDED BY: (IF <10; IDENTIFY INDIVIDUALS/ > 10; IDENTIFY GROUP IN ATTENDANCE)

NAMES/ GROUP(S)	TITLES	AFFILIATION

\* DIVISION APPROVAL: \_\_\_\_\_

\* DEPARTMENTAL APPROVAL: \_\_\_\_\_

**TO BE COMPLETED BY THE PURCHASING DEPARTMENT**

COMMENTS: \_\_\_\_\_

VOUCHER #: \_\_\_\_\_ ENTERED BY/ DATE: \_\_\_\_\_

**CLEAR FORM**

## MISSING, DAMAGED OR STOLEN PROPERTY REPORT

*NOTE: If property has been stolen or is lost, destroyed or damaged as a result of negligence, this form should be completed and sent to the Office of the Attorney General within 72 hours of the occurrence.*

Name of agency / institution	Agency no.
------------------------------	------------

Place of occurrence	City	County
Police agency notified	Police report number	Disposal code
Estimated value at date of loss		

SERIAL NUMBER(S)	PURCHASE DATE	PURCHASE VALUE

STATE PROPERTY NUMBER	COMPONENT NUMBER	DESCRIPTION	LOCATION

Person(s) responsible for asset(s)	Property Manager name	Property Manager phone
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Report in detail (including what security measures were in place at the time.)

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Please check one box.

Our investigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property was through the negligence of the person(s) charged with the care and custody of this property.

Our investigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property was not through the negligence of the person(s) charged with the care and custody of this property.

This form should be signed and dated by the agency/institution head or designated representative. If a designated representative completes this form, the rank of that individual should be greater than that of the property manager.	
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>sign here</b> ▶</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div>	Date
Printed name and title	

Retain this form for your files. If the property was missing, damaged, or stolen due to employee negligence, submit a copy of this form and a copy of the police report, if applicable, to the Office of the Attorney General. If your agency is in Austin, a copy may be sent via interagency mail. Otherwise, fax a copy to the Attorney General at (512) 479-8067.









GIFT CHECK DEPOSIT LOG

Dept Name \_\_\_\_\_

Deposit Date \_\_\_\_\_



THE UNIVERSITY of TEXAS  
HEALTH SCIENCE CENTER  
AT HOUSTON

GIFTS ONLY - FMS Funds: 58000 - 59000  
MUST INCLUDE COPIES OF CHECKS,

ATTACHMENTS & DEVELOPMENT GIFT FORM

Payer	Date Received	Check Number	Amount	Recommended Chartfield - DO NOT ENTER IN FMS							Attachment (Y/N)	Initials	
				Op Unit	Dept	Fund	Project	Prg	Aoot	Class		Presenter	Recipient

Total number of checks

Total amount of checks \_\_\_\_\_

Date \_\_\_\_\_

Submitted by \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Proc. 5) subsequent initials

Internal Use Only	Approval	Redirect	Date
PAF			
Development			

MISCELLANEOUS CHECK DEPOSIT LOG

Dept Name \_\_\_\_\_

Deposit Date \_\_\_\_\_



THE UNIVERSITY of TEXAS  
HEALTH SCIENCE CENTER  
AT HOUSTON

MISCELLANEOUS CHECKS  
EXCLUDES GIFTS AND PROJECTS  
  
FMS ENTRY REQUIRED

Payer	Date Received	Check Number	Amount	Recommended Chartfield - If unknown use 40000/26701							Attachmt (Y/N)	Initials	
				Op Unit	Dept	Fund	Project	Prg	Aoot	Class		Precenter	Recipient

Total number of checks

Total amount of checks \_\_\_\_\_

Date \_\_\_\_\_

Submitted by \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

(Proc. 5) subsequent initials

Internal Use Only	Approval	Redirect	Date
PAF	_____	_____	
Development			

Infrastructure





THE UNIVERSITY of TEXAS  
HEALTH SCIENCE CENTER  
AT HOUSTON

### Petty Cash Form

Purchased From: \_\_\_\_\_  
 Purchased By: \_\_\_\_\_  
 Doc ID #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

Budget Pool Oper Unit Dept ID Fund Program Project Account Class \$ AMOUNT

Budget Pool Oper Unit Dept ID Fund Program Project Account Class \$ AMOUNT

Quantity	Purpose and Description	Price
Total		

Approved By \_\_\_\_\_ Ext \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ Ext \_\_\_\_\_

Yes / No Official Function  
(complete below if applicable)\*

ATTACH ORIGINAL RECEIPT TO THIS FORM. SALES TAX SHOULD NOT BE PAID.



**THE UNIVERSITY of TEXAS**  
**HEALTH SCIENCE CENTER**  
**AT HOUSTON**

Treasury Management  
 UCT 944  
 Phone: 713-500-4944  
 Fax: 713-510-0962  
 TreasuryMgmt@uth.tmc.edu

**Request – Check Cancellation at Bank**

Request Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date of Check: \_\_\_\_\_

Payee: \_\_\_\_\_

Amount: \_\_\_\_\_

FMS Voucher Number: \_\_\_\_\_

Brief Explanation For Cancellation:

\_\_\_\_\_  
 \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I do hereby certify that the above check has been lost, stolen, or mutilated and request that:  
 (mark all that apply)

- the check be canceled.
- a duplicate check be issued.

I do not have the check in my possession at this time. In the event that the check is located, I agree to return it to The University of Texas Health Science Center Houston's Treasury Management Department immediately. I understand that I am unable to cash the check as a result of the cancel check request.

\_\_\_\_\_  
 Payee's Signature

\_\_\_\_\_  
 Date



THE UNIVERSITY of TEXAS  
HEALTH SCIENCE CENTER  
at HOUSTON

Treasury Management  
BCT 900  
Phone: 713-299-4944  
Fax: 713-299-6902  
TreasuryMgmt@uth.tmc.edu

**ELECTRONIC FUNDS TRANSFER  
REQUEST FORM**

Request Date: \_\_\_\_\_

Requestor: \_\_\_\_\_ Ext.: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Amount: \_\_\_\_\_

ABA #: \_\_\_\_\_ Account Type:  Checking  Savings

Account #: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Treasury Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions

Treasury Management  
ACT 900  
Phone: 713-500-4944  
Fax: 713-500-4862  
TreasuryMgmt@uth.tmc.edu



The University of Texas  
HEALTH SCIENCE CENTER  
at Houston

## The University of Texas Health Science Center at Houston *Request for Wire Transfer*

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Purpose: \_\_\_\_\_

Detailed

Fund Source: \_\_\_\_\_

Department Approval: \_\_\_\_\_

Payment & Account Facilitation Approval: \_\_\_\_\_  
(If applicable)

Finance Approval: \_\_\_\_\_

Type of Currency: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

### Financial Institution Information

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Nine-Digit ABA (Routing) Number: \_\_\_\_\_

SWIFT Code (for foreign wires): \_\_\_\_\_

Depositor Account Title: \_\_\_\_\_

Depositor Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### For Completion by Treasury Management

Applied Exchange Rate: \_\_\_\_\_

Confirmed Total US \$: \_\_\_\_\_

Bank Confirmation #: \_\_\_\_\_

Instructions

JPMORGAN ELECTRONIC FUNDS TRANSFER SERVICES  
ACH STOP PAYMENT/REVERSAL/RECLAIM REQUEST

Send via Facsimile to: (866) 217-6935  
Please call (813) 432-3750 to Confirm Fax Receipt

DATE:  REQUESTOR'S TEL#:   
REQUESTOR'S NAME:   
\*ACH COMPANY ID#:   
COMPANY NAME:   
COMPANY ADDRESS:   
CITY:  STATE:  ZIP:

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INDIVIDUAL'S NAME:   
\*INDIVIDUAL ID:   
TRANSIT/ROUTING (ABA #):   
ACCOUNT#:  CHECKING:  SAVINGS:   
\*AMOUNT:   
\*PAY OR EFFECTIVE DATE:

REVERSAL  RECLAIM  STOP

Please Note: (For Reversals and Reclaims): Funds credited to your account are provisional, and subject to receipt of final payment from the receiving depository financial institution.

If reversal, indicate reason for reversal (check appropriate box):

- The entry being reversed is a duplicate of an entry previously initiated by the Company.
- The entry being reversed ordered payment to or from a receiver not intended to be credited by the Company.
- The entry being reversed ordered payment in a dollar amount different than was intended by the Company.

If reclaim, please check box to certify that the entry is being reversed because the receiver is deceased and the receiver's right to receive the pension, annuity or other benefit payment represented by the entry terminated prior to receipt.  Check here

---



**System Data Resources**  
NEW HIRE / REHIRE REQUEST

<b>Requestor:</b>	<b>Dept ID#</b>	<b>Phone No.:</b>
<b>Requestor Email:</b>		
<b>Name:</b> (Last, First, MI)		<b>Prefix:</b>
<b>Empl ID:</b>	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire
<b>Effective Date:</b>		

Position Information:		
Position Number:	Department ID#	
Location Code (CDC):	Job Code:	
Job Title:	Reports To Posn:	
Work Phone:	Inter-institutional Address Building Code:	Room #:
Choose Job Class:		
<input type="checkbox"/> Faculty: On-tenure track	<input type="checkbox"/> Classified	<input type="checkbox"/> Regular
<input type="checkbox"/> Faculty: Non-tenure track	<input type="checkbox"/> A & P	<input type="checkbox"/> Temporary
<input type="checkbox"/> Faculty: Tenured	<input type="checkbox"/> Casual	
<input type="checkbox"/> Faculty: Practice Plan	<input type="checkbox"/> Student	
Total FTE:	Standard Hours:	

ADDRESS / PHONE NUMBER	
Address:	
Street:	
City:	
State:	Zip Code:
County:	
Phone Numbers:	
Home Phone:	
Add'l Phone:	
Add'l Phone Type:	

Identity:	
Date of Birth:	Citizenship Status:
Ethnic Group:	National ID (SSN):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Highest Education Level:

**FUNDING INFORMATION.....ALL FUNDING MUST BE LISTED BELOW:**

<u>      </u> Exempt	<u>      </u> Non Exempt
Actual Base Salary:	\$
Annual Base Salary:	\$

	Earnings Code	PS Account Code	FTE	Actual % Effort	Funding End Date	Amount Per Period/Project #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON  
Business Continuity Exception Time Report**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Semi-monthly Pay Period

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Unit/Department

Please mark hours on the calendar for any exception time (including codes) for the current pay period. Blank squares indicate days worked or non-work days. Please return this report to the designated time keeper in your area by the end of the pay period.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**Leave Codes**

- |                         |                         |                               |
|-------------------------|-------------------------|-------------------------------|
| CAS – Casual            | S01 – Shift Diff - 0.65 | W01 – Weekend Diff - .75      |
| LWO – Leave Without Pay | S02 – Shift Diff - 1.00 | W02 – Weekend Diff - 1.00     |
|                         | S03 – Shift Diff - 1.10 | W03 – Weekend Diff - 1.15     |
| OTS – Overtime Straight | S04 – Shift Diff - 1.25 | W04 – HA Weekend Prem - 2.50  |
| OVT – 1.5 Overtime      | S05 – Shift Diff - 1.75 | W05 – LVN Weekend Prem - 3.50 |
| OT2 – 2.0 Overtime      | S06 – Shift Diff - 2.50 | W06 – RN Weekend Prem - 5.00  |
|                         | S07 – Shift Diff - 3.50 |                               |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Dean, Director, Administrative Supervisor

\_\_\_\_\_  
Timekeeper Signature

\_\_\_\_\_  
Date Entered in TMS

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

## System Data Resources

### Termination / LOA Request

<b>Requestor:</b>	<b>Dept ID#</b>	<b>Phone No.:</b>
<b>Name:</b> (Last, First, MI)		
<b>Empl ID:</b>	<b>Record #:</b>	<b>Position#:</b>
<b>Effective Date:</b>	<b>Last Day Worked:</b>	

VOLUNTARY	INVOLUNTARY	OTHER
<input type="checkbox"/> Advancement Opportunity <input type="checkbox"/> Failure To Return From Leave <input type="checkbox"/> Never Reported To Work <input type="checkbox"/> Retiree <input type="checkbox"/> Resignation <input type="checkbox"/> Health Reasons <input type="checkbox"/> Transfer/State Agency <input type="checkbox"/> Job Abandonment	Have you discussed with HR? <input type="checkbox"/> Yes <input type="checkbox"/> No HR Contact Name: _____ Employee On Probationary Period? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify one of the following: <input type="checkbox"/> Disciplinary Action - Misconduct <input type="checkbox"/> Disciplinary Action - Other <input type="checkbox"/> Organizational Closure <input type="checkbox"/> Disciplinary Action - Unsatisfactory Work Performance <input type="checkbox"/> Reduction In Force	<input type="checkbox"/> End Temporary Assignment <input type="checkbox"/> End Stipend Appointment <input type="checkbox"/> Death <input type="checkbox"/> End Casual Appointment

LEAVE OF ABSENCE	SUSPENSION
<input type="checkbox"/> FMLA Unpaid <input type="checkbox"/> Parental Unpaid <input type="checkbox"/> Medical Unpaid <input type="checkbox"/> Extended Military Leave <input type="checkbox"/> Personal <input type="checkbox"/> Other  <b>Expected Return Date:</b> _____  <small>*Note: If an employee is on LOA, upon their return you will have to submit a new PA request.</small>	Have you discussed with HR? <input type="checkbox"/> Yes <input type="checkbox"/> No HR Contact Name: _____ Employee On Probationary Period? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify one of the following: <input type="checkbox"/> Disciplinary Action - Misconduct <input type="checkbox"/> Disciplinary Action - Other <input type="checkbox"/> Disciplinary Action - Unsatisfactory Work Performance

<b>Comments:</b> _____ _____ _____
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