



Benefits Eligible Employee Acknowledgement Form

| Employee's Last Name: (PLEASE PRINT) | First Name: | MI: |
|--------------------------------------|-------------|-----|
| | | |

I HEREBY AGREE AND ACKNOWLEDGE:

1. That my employment is undertaken subject to all state and federal laws, Regent's Rules and Regulations, and local institutional rules, as amended.
 - a. The state of Texas requires all males who are 18 through 25 years of age be registered with the Federal Selective Service System or present proof of exemption prior to employment.
 - b. I understand that any offer of employment is contingent upon my completing the US Citizenship and Immigration Services Employment Eligibility Verification (Form I-9) within three (3) business days of the date my employment begins and providing original documents to verify my identity and employment eligibility as required by law.
 - c. Participation in the University's Occupational Health Program (OHP) is a condition of employment for employees who work in designated "hazardous" areas or who perform certain work functions. If hired for such a position, I understand that I will be required to provide my medical history, and to submit to screening/testing, and such other activities as mandated by the OHP.

2. That I have reviewed the following:
 - a. Excerpts from Current Appropriations Bill, "Political Aid and Legislative Influence Prohibited."
 - b. Excerpts from Standards of Conduct for State Officers and Employees (Acts 1973, 63rd Legislature, page 1086, chapter 421, effective January 1, 1974).
 - c. House Bill 1673, 66th Legislature of Texas, Regular Session, Article 8, "Property Accounting."
 - d. The UT System Rule 30201: Leave Policies: <http://www.utsystem.edu/board-of-regents/rules/30201-leave-policies>

POLICIES

1. I understand that the Grievance Procedures, Regents' Rules and Regulations and UTSA Policies and Procedures are available online.
2. I have been notified of the Policy on Drugs, Alcohol, Smoking, HIV, AIDS and the workplace, Discrimination; understanding Harassment, conflict of interest policy, computer usage.
All reading materials can be found online at <http://www.utsa.edu/hr/Employment/NewEmployeeReadingDocuments.html>.
3. I have been advised on the benefits and requirements of FMLA.
4. I understand that if I am a TRS return to work (RTW) retiree, I will be financially responsible for a portion of the TRS surcharges.

My UT Benefits Information

I hereby certify that I have been informed about the group insurance and retirement programs. I am aware that it is my responsibility to read all of the material and should I have questions concerning any information, I will contact Human Resources Benefits for clarification. I have been informed that I have 31 days from my initial period of benefits-eligibility to make any changes. If I have a change in status, I have 31 days to complete the necessary paperwork with Human Resources. I also understand the information provided about Premium Sharing and the Title 1 of the Health Insurance Portability and Accountability Act of 1996.

If I am a full-time employee, I understand that I will be automatically enrolled in the employee only Basic Coverage Package that includes UT Select Medical Plan with prescription drug coverage, \$40,000 Life and \$40,000 Accident Death & Dismemberment Insurance, unless I elect additional coverage within the first 31 days of eligibility.

If I am a part-time employee, I understand that my insurance will be waived, unless I elect coverage within the first 31 days of eligibility. I understand that I will remain in the same coverage (Basic or Waive) until next annual enrollment.

I acknowledge that my employer, UTSA, provided me the notification on the new Health Insurance Marketplace Coverage. I can also visit <http://www.utsystem.edu/offices/employee-benefits/affordable-care-act-notice> for more information.



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I hereby certify that The University's policies concerning vacation, floating holidays and sick leave have been explained to me. If I have a faculty title, I understand that I will not accrue vacation. If I have a staff title, I am aware that I am not entitled to use or receive payment for my vacation leave during the first 6 months of accrual. *HOP 4.20, Texas Government Code, §661
 If I have a student title, I am aware that I am not entitled to any holiday, vacation, and sick leave time.

Signature

Date

Staff Members Only:

I HEREBY AGREE AND ACKNOWLEDGE:

That I was the individual who completed, signed, and submitted my electronic application for employment.

- a. I certify that all statements made by me and all supporting documents submitted by me in my application and throughout the selection process are true, complete, and correct to the best of my knowledge and were made in good faith. I understand that any omission of facts or false statements shall be sufficient cause for termination of employment. I also understand that this information will become a part of my official personnel record.
- b. I recognize that both Administrative and Professional and Classified positions are employed at will and serve without tenure. No employment practices of the University and no provision of any policy adopted by the University or U.T. System Administration shall confer rights to employees that are contrary to the employment at will doctrine.
- c. I further understand that any offer of employment tendered me is contingent upon my agreement to abide by the Rules and Regulations of the Board of Regents of The University of Texas System, and state, and federal laws.

POLICIES

- 1. I hereby certify that I have been informed of and understand that the first six (6) months of my employment is probationary and that my performance will be closely observed during this time. (Classified Employees Only)
- 2. I recognize that both Administrative and Professional and Classified positions are employed at will and serve without tenure. No employment practices of the University and no provision of any policy adopted by the University or U.T. System Administration shall confer rights to employees that are contrary to the employment at will doctrine.

Signature

Date

Faculty Members Only:

Effective September 1, 2014, I understand that if I enrolled in insurance coverage that the summer premiums will be deducted from my March, April, and May paychecks (double deduction each month). If I have elected to have my salary spread over 12 months by signing a Salary Allocation Agreement, there will be one month's premium deducted from each month's paycheck.

Signature

Date

PRIVACY NOTICE: With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.