



The University of Texas at San Antonio

Non-Benefits Eligible Employee Acknowledgement Form

Employee's Last Name: (PLEASE PRINT)	First Name:	MI:	EMPL ID

I HEREBY AGREE AND ACKNOWLEDGE:

- That my employment is undertaken subject to all state and federal laws, Regent's Rules and Regulations, and local institutional rules, as amended.
- That my employment is considered Non-Regular, meeting one of the following criteria:
 - Less than 4½ months regardless of the hours appointed to work per week. This type of position is temporary in nature. **While an expected end date may have been communicated, the actual end date may occur sooner based on business need, budgetary constraints, or other considerations.** OR
 - 4½ months or longer and hours appointed to work is 19 hours or less per week
- 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-notices> for more information.

POLICIES

- I understand that the Grievance Procedures, Regents' Rules and Regulations and UTSA Policies and Procedures are available online.
- I have been furnished a reference to the following documents at: <http://www.utsa.edu/hr/docs/NewEmployeeReadingDocuments.html> and instructed to read and reference them as necessary: (In the event you do not have access to a computer or have difficulty obtaining these documents, contact HR at 210-458-4250 for assistance).

- Excerpts from Current Appropriations Bill, "Political Aid and Legislative Influence Prohibited"
- Excerpts from Standards of Conduct for State Officers and Employees (Acts 1973, 63rd Legislature, page 1086, chapter 421, effective January 1, 1974)
- House Bill 1673, 66th Legislature of Texas, Regular Session, Article 8, "Property Accounting"
- The General Policy statement as established in Part II, Chapter 7, section 2 of the Regents Rules and Regulations
- Drug Free Schools & Communities Act
- Policy on Drugs and Alcohol
- Policy on Smoking
- HIV / AIDS in the Workplace
- Americans with Disability Act
- Understanding Sexual Harassment
- Employment Discrimination and Your Rights

Signature _____

Date _____

Have you contributed to the Teacher Retirement System of Texas (TRS) this fiscal year?	<input type="checkbox"/> Yes If yes, from where and enrollment date?	<input type="checkbox"/> No
Are you a service or disabled retiree with Teacher Retirement System (TRS), Optional Retirement Program (ORP) or Employees Retirement System (ERS)?	<input type="checkbox"/> Yes If yes, list from where and date of retirement? <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> No
Check one: <input type="checkbox"/> TRS <input type="checkbox"/> ORP <input type="checkbox"/> ERS		

If you are a TRS retiree, answer the following questions:

- Are you aware of TRS' Provisions for "Employment after Retirement"? Yes No
- Are you enrolled in TRS care? Yes No
- 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.** Yes

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

Are you currently employed by a Texas State Agency? YES NO

If answered YES, provide exact dates and name of the Texas State Agency
Please access the HR Web site and refer to the following link for additional information
<http://www.utsa.edu/hr/docs/Records/GovCode.pdf>

From Date	To Date	Job Title	Agency

Service with Independent School Districts, Junior Colleges, and/or Community Colleges **does not** qualify as a Texas State Agency. For a list of recognized Texas State Agencies visit
<https://fmcpcpa.cpa.state.tx.us/fiscalmoa/agency.isp>

READ CAREFULLY BEFORE SIGNING

I certify that statements made by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any omission of facts, inaccurate statements or false statements made herein may be sufficient cause for dismissal. I further agree 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. I hereby authorize The University of Texas at San Antonio to conduct employment history and police record inquiries to determine my acceptability for employment. I understand that if I will be a classified employee in a benefits eligible position, the first 6 months of employment at UTSA will be probationary.

SIGNATURE OF APPLICANT: _____ DATE (mm/dd/yyyy): _____

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.