

Department Approval Form (DAF)

The University of Texas at San Antonio

Current Date

Requested
Effective Date

TYPE OF REQUEST

☐ Faculty Contract ☐ Correction ☐ Late submission

EMPLOYEE INFORMATION

Employee Name

EMPL ID

DEPARTMENT INFORMATION

Department Name

Dept ID

Department Contact

Dept Phone No.

POSITION INFORMATION / CHANGE

Current Job Code

Current Job Title

Position Number

Current Hrs Per Wk

Current FTE

Req Hrs/ FTE

Requested Job Code

Requested Job Title

Benefits Eligible

☐ Yes

☐ No

Duration

☐ Less than 134 Days

☐ 135 Days or More

Reports to Position No.

Reports To Name

JOB RECORD CHANGE - choose one

☐ Termination
(leaving UTSA)

(Last Date of Employment)

☐ Retirement

(Date of Retirement)

☐ End Date

PAY RATE CHANGE

Pay Rate

Increase Amount

Requested/New Pay Rate

Description of Requested Action/Comments* Required

Examples: Creating new position for department; needed to complete the required office workload. **Justification is required for retroactive requests.*

APPROVALS

Please route internally as required per department, prior to attaching to SharePoint form for routing to HR. (Add additional lines as necessary)

X

Department Approver (Required)

Print Name/Title

Date:

X

Other Approver (As Necessary)

Print Name/Title

Date:

X

VP Approver/Dean
(Only required for Staff/Faculty positions)

Print Name/Title

Date: