

Non UT Student Assistant Request Form

New Hire/ Rehire Information

Today's Date

First Name

Middle Name

Last Name

Department Name

Start Date

End Date

Position Number

Hourly Rate

Hours Worked Weekly

Percentage of Effort

Cost Center Name

Cost Center Number

Distribution Number or WBS Element

Work Location and Phone Number

Mentor Name and Title

Mentor E-Mail Address

Duties/Skills: (Attach PDQ or give brief job description below):

Required Documents were Submitted to Human Resources (HR) on the following dates:

Fair Credit Check

Official Transcript

I-9 Referral

**Please review and comply with HR Policy 0115:
Employment of Relatives Policy
(http://policy.tennessee.edu/hr_policy/hr0115/)**

Business Manager Signature

Date

Department Head Signature

Date

Dean's Office Signature

Date

HUMAN RESOURCES ONLY

Required Documents were Received by Human Resources (HR) on the following dates:

Fair Credit Check

Official Transcript

I-9 Referral

HR Representative Signature

Date

NON UT STUDENT CHECKLIST

1. Department has identified a need for a **Non-UT Student**.

Name of Student:

2. Department has received a Resume and/or CV on

 / /

3. Position Number has been created in IRIS. Position #:

- (Note: If using an existing position number, please make sure you receive all of the necessary approvals.)

4. The following items must be forwarded to Human Resources:

Resume/CV. Date Forwarded:

 / /

Non-UT Student Request Form: Date Submitted:

 / /

(<http://uthsc.edu/hr/employment/documents/nonut-student-assistant-request-form.pdf>).

Fair Credit Form –Attn. Barica Horner (bhorner@uthsc.edu)

PDQ for the position

Official Transcript Attn.: Records Office

**** (HR will accept an unofficial transcript to start the process, but will need an official transcript before the program start date, in some instances exceptions may be granted).**

Dean's signature on the Non-UT Student Request Form.

(Signature required before submission)

Insurance Waiver Form <http://uthsc.edu/hr/employment/documents/health-insurance-waiver.pdf>

Occupational Risk Assessment form <http://uthsc.edu/hr/employment/documents/minors-occupational-risk.pdf>

5. Requesting Department has reviewed **Policy HR-0115- Employment of Relatives** and will comply with all content within the Policy.

6. **Human Resources** will notify the Supervisor and Business Manager when the employment process is complete to determine a start date if applicable, at which time the hiring Department will prepare and submit to HR a signed paper "Initial Hire/Rehire" form.

Please Note: If salary is more than \$10.00 per hour, please contact Damon Davis, Compensation Team Leader for approval and attach to the request form.

If you have questions about the new Non UT Student process, please contact **Human Resources** at (901) 448-5600

University of Tennessee Health Science Center

EMPLOYEE REFERRAL (FORM I-9)

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
Date: _____ Hire Date: _____

EMPLOYMENT CHANGES

New Hire: Job Title: _____ Department: _____
Rehire: Job Title: _____ Department: _____
Temporary: Start Date: _____ End Date: _____ Department: _____
Reverification: Type of Document: _____ Exp Date: _____ Department: _____

EMPLOYEES MUST REPORT TO HUMAN RESOURCES ON THEIR FIRST DAY OF WORK FOR PAY

REFERRAL DEPARTMENT/CAMPUS UNIT

Business Manager : _____ Office Phone #: _____
Today's Date : _____ Email Address: _____

ADDITIONAL COMMENTS

Please List Any Additional Comments:

HUMAN RESOURCES VERIFICATION

Received By: _____

Signature _____

Date _____

*Human Resources
910 Madison Avenue, Suite WP012, 1st Floor,
Memphis, TN 38163
Telephone: 901-448-5600*

**FAIR CREDIT REPORTING ACT DISCLOSURE
AND AUTHORIZATION TO RELEASE INFORMATION**

Choose from the following categories:

<input type="checkbox"/> CDD	<input type="checkbox"/> Non-UT Student
<input type="checkbox"/> Kaplan	<input type="checkbox"/> Post-Doctoral
<input type="checkbox"/> New Hire (Faculty/Staff)	<input type="checkbox"/> Visiting Scholar
<input type="checkbox"/> Temp Pool	<input type="checkbox"/> Volunteer

Department: _____

Cost Center/WBS#: _____

Department Contact Person

Name: _____

Phone: _____

Email: _____

DISCLOSURE

In connection with your application for employment at the University of Tennessee, the University may verify information within the application or other materials relating to your application for employment. As part of that verification process, the University will request, from a background check vendor, an investigative consumer report (“Background Check Report”) on you as defined in the Fair Credit Reporting Act.

For University purposes, a Background Check Report will consist of a criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check. It will not include a credit check, although information that pertains to your credit may be contained among public records (*i.e.*, bankruptcy filings). The information obtained in the Background Check Report will be utilized only during the initial employment application process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the Background Check Report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

AUTHORIZATION

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to the University a Background Check Report on me at the request of the University in conjunction with my job application. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me, if any, may be used for the purpose of conducting a background check.

By my signature below, I also authorize the disclosure to the University and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other publicly available information the University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other public sources. I hereby release and hold the background check vendor and the University, its officers, directors, employees, and trustees harmless from any and all liability with respect to the Background Check Report, investigations, verifications, and/or the use of any information relevant to my employment.

By my signature below, I acknowledge that this Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University of Tennessee.

Print Name: _____

Signature of Applicant: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION.

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License Number: _____ State Issued: _____

Current Resident Address: _____
(Street Number & Name) (City) (State) (Zip Code)

NOTE: International Employees please include your Foreign Address also:

List Resident Address in Past Seven Years (attach additional sheets if necessary)

_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)

School Information (Highest Degree Earned): N/A

School: _____ City/State: _____

Degree: _____ Degree Status: _____

Dates Attended: _____
(Start Month/Year) (End Month/Year)

For International Employees:

Father's Full Name: _____

Mother's Maiden Name: _____

Government ID Number: _____

Passport Number: _____

ADDITIONAL STATE LAW NOTICES**For Maine Applicants Only**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For California Applicants Only

You may view the file maintained on you by TrueScreen during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at TrueScreen's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. TrueScreen has trained personnel available to explain your file to you, including any coded information. If you appear in person, you must be accompanied by one other person, provided that person furnishes proper identification.

For Minnesota, Oklahoma and California Applicants Only: In connection with your application for employment, your investigative consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to a free copy of your investigative consumer report by checking the appropriate box below.

- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.



The University of Tennessee/Payroll Office Authorization Agreement for Direct Deposit

Employee Name: _____ Employee ID # _____ Monthly: Biweekly:
Last First MI

Primary Account form with fields for Name of Bank or Financial Inst., City, State, Bank Routing #, Bank Acct #, and checkboxes for Checking and Savings.

Secondary Account form with fields for Name of Bank or Financial Inst., City, State, Bank Routing #, Bank Acct #, and checkboxes for Checking and Savings, plus a Fixed Dollar Amount field.

Travel Account form with fields for Name of Bank or Financial Inst., City, State, Bank Routing #, Bank Acct #, and checkboxes for Checking and Savings.

I hereby authorize The University of Tennessee to automatically deposit my net pay and travel reimbursements into my account(s) at the financial institution(s) indicated. I also authorize withdrawal transactions from my account(s), limited to the amount of original deposit, in the event of an overpayment or erroneous deposit.

Employee Signature Date

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld..... ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
Add the amounts above and enter the total here		3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

POSITION AGREEMENT

I acknowledge that I have accepted the position of

In the Department of

I understand that this position will be paid at the

Hourly Rate

Monthly Rate

of

\$ _____

as a

Regular Employee

Temporary Employee

SIGNATURE: _____

DATE: _____

**THE UNIVERSITY OF TENNESSEE
PERSONAL DATA FORM**

EFFECTIVE DATE _____

New Update

PERSONAL DATA (IT0002)

Personnel # _____ (Personnel # required on all changes/separations)
Form of Address: Mr. Mrs. Miss Ms. Dr.
Last Name _____
First Name _____ Middle Name _____
Known as _____ Soc. Security # _____
Birth date _____ (mm/dd/yyyy) Gender Male Female
Nationality _____ Marital Status Single Married
 Name Change Previous Name _____

PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O _____
Street _____
City _____ State _____ Zip _____ County _____
Home Telephone _____ Cell Phone _____
Please include Area Code *Please include Area Code*
Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

OFFICE ADDRESS (IT0006-Subtype 3)

Building Name _____ Building No. _____
Street Address _____ Room No. _____
City _____ State _____ Zip _____ Mail Stop _____
Telephone _____ Fax _____
Please include Area Code *Please include Area Code*
Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

EMERGENCY CONTACT (IT0006-Subtype 4)

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ (Please include Area Code)

RESIDENCE STATUS (I-9) (IT0094)

U.S. Citizen
 Permanent Resident
 Non-resident Alien
I-9 Date _____

IMMIGRATION STATUS (IT0048) Supporting Documentation Required

Country of Citizenship _____
Visa Type _____
Visa Expires _____
Original Date of Arrival to United States _____

EMPLOYEE NAME _____ 0 _____ 0 _____ 0

PERSONNEL NUMBER _____

ADDITIONAL PERSONAL DATA (IT0077)

Ethnicity (Check one of these options)

Hispanic/Latino

Not Hispanic/Latino

Race Category (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Veteran Status (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran

Vietnam Era Veteran

Other Protected Veteran

Recently Separated Vet

Armed Forces Service Medal Veteran

Disabled Veteran

Non-veteran

Discharge Date _____

(Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

Yes

No

If yes, what agency? _____

Retired from UT?

Yes

No

If yes, list department, address, and date(s) of employment.

Ever employed by UT, the State of Tennessee, or by a Federal Agency before?

Yes

No

If yes, complete below:

Agency or Department	Full-time	Address	Dates	Employed under a different name
	Part-time			

EDUCATION (IT0022)

Educational Level



Field of Study

Name/Location of Institution

State

Type of Degree or Certificate

Year Degree Granted

EDUCATION (IT0022) (additional degrees, if any)

Educational Level



Field of Study

Name/Location of Institution

State

Type of Degree or Certificate

Year Degree Granted

EDUCATION (IT0022) (additional degrees, if any)

Educational Level



Field of Study

Name/Location of Institution

State

Type of Degree or Certificate

Year Degree Granted

Employee Signature _____

Date _____



PAYROLL AUTHORIZATION

I, _____, hereby authorize The University of Tennessee Health Science Center, at the time of my termination, to withhold from my final paycheck a sum equal to the following:

1. All unpaid personal accounts and fines
2. All money owed in compliance with the Educational Assistance Policy
3. Reasonable replacement cost of:
 - a. unreturned University keys
 - b. unreturned staff ID card
 - c. unreturned uniforms
 - d. un returned equipment
4. Value (through date of expiration) of unreturned parking stickers and special parking cards.

Signature

Date



Human Resources
910 Madison Ave, Suite 722
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

Identification Card Acknowledgement

Name _____

Position _____

Date of Hire _____

Please read and check to indicate that you have been informed and understand your obligations regarding receipt, loss and return of your UT Identification Card.

- In the event of loss of ID card, I must report the loss immediately to Campus Police and my department and request a new ID be issued. I am obligated to assume replacement cost of twelve dollars (\$12.00) each time a new ID is issued to me.
- Loaning of an ID card to anyone or other misuses is prohibited and may subject me to disciplinary action and a charge of twelve dollars (\$12.00) for return of confiscated ID card or an appropriate replacement.
- ID cards damaged through fair wear and tear are replaced at no charge. Cards damaged through abuse and carelessness are replaced at a cost of twelve dollars (\$12.00).
- As an employee, prior to leaving UT (termination, resignation, etc.), I must return my UT ID card to the Campus police office. Failure to do so will result in a charge of twelve dollars (\$12.00).

Signed _____ Date _____



Human Resources
910 Madison Ave, Suite 722
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

**THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER
AUTHORIZATION OF DISCLOSURE**

PLEASE SIGN ONLY ONE

I, the undersigned, authorize the Office of Human Resources of the University of Tennessee to provide the following information to the persons or entities hereinafter mentioned: period of employment, positions held, salary (if requested in writing) and reasons for termination (if applicable).

I fully understand and agree that the above personnel information may be made available by the Office of Human Resources or other UT Departments to prospective employers, lending institutions, and other persons and entities seeking said personnel information for employment, credit and other business.

Date: _____ Signature: _____

Department: _____

I authorize limited disclosure only, consisting of the following (Please list which of the above listed items you authorize to be released).

Date: _____ Signature: _____

Department: _____

I do NOT authorize the above disclosure:

Date: _____ Signature: _____

Department: _____

ATTENTION: The Law of the State of Tennessee makes the Personnel Records of UT public domain. This gives any citizen of the State of Tennessee the right to view your personnel file when they present proper ID showing they are a citizen.



Human Resources
910 Madison Ave, Suite 722
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

Name: _____

Position Number: _____

Date: _____

Note: This page will not be copied for dissemination beyond the Office of Human Resources and/or other departments who may need this information for Affirmative Action or legal purposes. This invitation is being extended to you after a job offer.

INVITATION TO APPLICANTS FOR EMPLOYMENT TO IDENTIFY THEMSELVES DISABLED

THIS SECTION PERTAINS ONLY TO DISABLED PERSONS. A person with a disability refers to any person who has a physical or mental impairment that substantially limits one or more major life activities (performing manual task, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such impairment.

The UT Health Science Center is a government contractor subject to Section 504 of the Rehabilitation Act of 1973, which require employers to take affirmative action to employ qualified disabled individuals. If you feel you meet the above definition of disabled, the UT Health Science Center invites you to inform us so that you may be given consideration under our affirmative action program.

Provision of this information is entirely voluntary, and choosing not to provide it will not result in any adverse treatment. The information will be used only according to the regulation of the Act. The information is considered confidential, except that (1) supervisors may be informed regarding restrictions on the work or duties of disabled persons and any necessary accommodations and (2) first aid personnel may be informed, where appropriate, if the condition might require emergency treatment.

Please describe disability _____

Do you have any health problems or physical limitations which would affect your ability to perform the essential functions of the job for which you are applying? If yes, explain _____

If so, what reasonable accommodations, if any, could the University take to enable you to perform?

THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL AND USED ONLY IN ACCORDANCE WITH THE ACTS AND THE REGULATIONS AT 41 CFR 60-250 AND 41 CFR 60-741. REFUSAL TO PROVIDE THIS INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.



Human Resources
910 Madison Ave, Suite 722
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

**THE UNIVERSITY OF TENNESSEE
DESIGNATION OF BENEFICIARY**

It is currently the policy of The University of Tennessee to provide a benefit in the event of employee death. (See Personnel Policy 307). To facilitate prompt disbursement of this benefit, an employee may designate a beneficiary to whom such payment will be made. This designation is revocable at any time by submitting a new designation to the University. Submission of a properly executed form will therefore automatically cancel any previous designation.

In accordance with this procedure, I hereby designate the following beneficiary or beneficiaries to receive any then applicable benefit payment from the University upon my death. (Multiple beneficiaries must be named individually.)

BENEFICIARY INFORMATION

Name: _____

Address _____

SSN or Other Tax ID No.: _____

() **Check if additional beneficiaries are listed on reverse.**

This _____ **day of** _____ **20**_____.

EMPLOYEE INFORMATION

Employee Name: _____

Address: _____

Signature: _____

Social Security No: _____

Witness: _____

Personnel/University Representative or Notary

*****Forward original to your campus/unit Human Resources Office.**

ADDITIONAL BENEFICIARIES

NAME

ADDRESS

SSN/OTHER TAX ID

_____	_____ _____ _____ _____	_____
_____	_____ _____ _____ _____	_____
_____	_____ _____ _____ _____	_____
_____	_____ _____ _____ _____	_____

**UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER**

CLARIFICATION STATEMENT

I understand that as a temporary employee, I do not accrue leave or receive benefits.

I also understand that I will become eligible to participate in retirement after being in an active pay status for 6 monthly or 13 bi-weekly pay periods in any 12-month period.

Signature

Date