



Notification of Intent to Hire

Name of Candidate: _____
Last Name, First Name Middle Initial (Degree Designation, i.e.: M.D., PhD)

Current Mailing Address: _____
Street City State Zip Code Country

Candidate Phone Number: _____ **HSC Badge Number (if applicable):** _____

SSN: _____ **Date of Birth*:** _____ **Gender:** Male Female

Citizenship: US Citizen Permanent Resident Alien Non-Immigrant Alien Visa Type: _____

*If employee is under 18 years of age, please attach a completed **Hazard Assessment for Minors in the Workplace** form

Department Name: _____ **Department ID** _____

Job Title: _____ **Job Code:** _____

Position Number: _____ **Effective Date:** _____

Reports To Position Number: _____

Pay Group: SAL HRLY N12 N24 RWS RWH WOS **Rate:** _____

Will the Candidate require an e-mail account?

Yes No *If "Yes," please provide Project ID Number:* _____

Pre-Employment Immunizations (To be completed for all Postdocs) (Check all that apply):

| | | | |
|---|----------------|---|----------------|
| Any patient or research human subject contact | Animal Contact | Potential exposure to human or animal body fluids as part of an applicant's involvement with research | Not Applicable |
|---|----------------|---|----------------|

Percent Time: _____ **VA Appointment?** Yes No *If "Yes," percent time:* _____

If the total percent time of the appointment equals 50% or more, is it the intent that this position be at least 4 ½ months or more? Yes, HR is required to offer insurance & retirement No

Department Comments: _____

Department Signature: _____ **Date:** _____

Print Name: _____ **Phone Number:** _____

Office of Postdoctoral Affairs USE ONLY

(All Post Doc requests must be routed to the Office of Postdoctoral Affairs prior to sending to HR.)

OPA Signature: _____ **Date:** _____

HUMAN RESOURCES OFFICE USE ONLY

Regular Non-regular UTHSA Retiree Rehire Background Security Check Selective Service Check Funded

Compensation: _____

Comments: _____