



# 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 Post Docs) (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
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**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:** \_\_\_\_\_