

APPLICANT APPROVAL FORM

FOR EXTERNAL APPLICANTS - SEND THIS COMPLETED FORM WITH THE APPLICANT TO THE BENEFITS OFFICE (OR REMOTE INITIALIZATION OFFICE).

FOR INTERNAL (TRANSFER) APPLICANTS - COMPLETE DEPARTMENTAL INFORMATION ONLY AND FAX THIS FORM AND THE SECURITY CHECK FORM TO (409) 747-4803. MAIL THE ORIGINAL TO HUMAN RESOURCES, 301 UNIVERSITY BOULEVARD, GALVESTON, TEXAS 77555-0141. FOR ANY QUESTIONS, PLEASE CALL (409) 747-4807.

DEPARTMENTAL INFORMATION

APPLICANT NAME _____

DEPARTMENT _____ RECRUITER _____

DEPARTMENT CONTACT _____ PHONE NUMBER _____

JOB ID _____ JOB TITLE _____

INTERNAL (TRANSFER) _____ EXTERNAL _____ VOLUNTEER _____

FOR EXTERNAL WITHOUT SALARY APPOINTMENTS (WOS) ONLY

IS THIS POSITION LOCATED IN A UTMB CONTROLLED FACILITY?

YES _____ NO _____

IF "NO", WILL THIS WOS HAVE ACCESS TO ANY UTMB SYSTEMS, I.E., E-MAIL, PEOPLESOFT?

YES _____ NO _____

IF "YES", WHICH SYSTEMS: _____

TO BE COMPLETED BY HUMAN RESOURCES

(COMPLETE THIS SECTION FOR EXTERNAL HIRES ONLY)

DATE APPLICANT SENT FOR DRUG SCREEN _____

LOCATION OF SCREENING FACILITY

EMPLOYEE HEALTH AT UTMB YES _____ NO _____

REMOTE FACILITY YES _____ NO _____

COMPLETED BY _____ DATE _____