TWU EMPLOYEE BIOGRAPHICAL DATA FORM

Prefix	☐ **Miss** ☐ **Ms.** ☐ **Mrs.** ☐ **Mr.** ☐ **Dr.**			
NAME	**Last Name:**	**First Name:**	**Middle:**	**Suffix:**
	PERMANENT ADDRESS			
	Street:		**Apt:**	
	City:	**State:**	**Zip:**	
	LOCAL ADDRESS			
	Street:		**Apt:**	
	City:	**State:**	**Zip:**	
Phone Number	**( )**			
Emergency Contact	**Name:**	**Relationship:**		
	Contact's Phone Number: ( )			
Work Department	**Department Name:**	**Location:**		
	Building Name:	☐ Denton ☐ Dallas ☐ Houston		
Gender	☐ **Male** ☐ **Female**			
Marital Status	☐ **Married** ☐ **Single** ☐ **Divorced** ☐ **Widowed**			
Type of Employment	☐ **Faculty** ☐ **Adjunct** ☐ **Staff** ☐ **Temporary Staff** ☐ **Graduate Assistant**			
Date of Hire	**Month/Day/Year:** _____/_____/_____			
Nepotism Information	Are you related by blood or marriage to any member of the board of regents, faculty or staff of Texas Woman's University? ☐ **No** ☐ **Yes** **If yes, name and relationship:** _____			
Education	**Check Highest Education Level:** ☐ Doctor's Degree or Equivalent ☐ Master's Degree or Equivalent ☐ Bachelor's Degree ☐ Associate Degree ☐ Some College	☐ Business or Trade School ☐ High School Diploma or GED ☐ 8 to 11 Years ☐ Less than 8 Years		

Signature: _____ **Date:** _____

TEXAS GOVERNMENT CODE SECTION 552.0024 PUBLIC ACCESS OPTION

Election to Disclose Information

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep your information confidential, the information below may be subject to release if requested under the Texas Public Information Act. Please indicate whether you wish to allow public release of the following information.

	Public Access	
	YES	NO
Home Address		
Home Telephone Number		
Social Security Number		
Information that reveals you have family members		
Emergency Contact information		

_____ _____

Employee's Signature Print name

_____ _____

Date Department

ETHICS POLICY FOR EMPLOYEES AT TEXAS WOMAN'S UNIVERSITY

Employees of Texas Woman's University (TWU) are subject to the laws of ethics governing conduct of state employees. Texas Government Code Title 5.Subtitle B. Ethics, Chapter 571 et. seq.

The principles and guidelines of the Ethics Policy for Employees shall apply to all persons employed by any component institution, agency, or service of Texas Woman's University regardless of rank or position.

Effective September 1, 2007, each state agency shall distribute a copy of the ethics policy to each new employee not later than the third business day after the date the person begins employment with the agency.

I hereby agree and acknowledge that I have been furnished a copy of the following:

URP 01.210: Ethics Policy for Employees

_____ _____

Signature Date

OATH OF OFFICE – EMPLOYEE AFFIDAVIT

I _____ do affirm by my signature below, I will faithfully execute my duties as an employee of the State of Texas and will to the best of my ability preserve, protect, and defend the constitution and laws of this State or the United States; I furthermore solemnly affirm, that I have not directly nor indirectly paid, offered, nor promised to pay, contributed, nor promised to contribute any money, or valuable thing, or promised any public office or employment, as a reward to secure my appointment or the confirmation thereof.

_____ _____

Signature Date

OHR 06/22/2021

TEXAS WOMAN'S UNIVERSITY

EMPLOYEE REPORT OF CURRENT AND/OR PREVIOUS STATE EMPLOYMENT

EMPLOYEE NAME:_____**TWU POSITION:**_____
TWU HIRE DATE:_____**DEPARTMENT:**_____
FULL-TIME/PART-TIME:_____**SSN:**_____
CONTACT NUMBER: _____**EMAIL:**_____

Are you currently or have you ever been employed by another Texas State institution of Higher Education, Texas Independent School District or Texas State Agency? Check One: Yes ☐ No ☐

If **Yes**, please check one of the following:

☐ Texas State Higher Education Employer (4 year University)

☐ Texas State Higher Education Employer (Junior/Community College)

☐ Texas Independent School District

☐ Texas State Agency

If you checked any of the above please complete the following:

Employer	Dates of Employment		Job Title	Full-time/Part-time
	From:	To:		

Have you recently terminated or plan to terminate from another Texas State institution of Higher Education, Texas Independent School District or Texas State Agency? Check one: Yes ☐ No ☐

If **Yes**, name of organization _____
Termination Date:_____

Have you ever contributed to TRS (Teacher's Retirement System)? Check one: Yes ☐ No ☐
If **Yes**, please enter contribution start date: _____

Have you ever contributed to ORP (Optional Retirement Plan)? Check one: Yes ☐ No ☐
If **Yes**, please enter contribution start date: _____

Are you currently contributing to ORP (Optional Retirement Plan)? Check one: Yes ☐ No ☐
If **Yes**, please enter contribution start date: _____

Are you currently contributing to TRS (Teacher's Retirement System)? Check one: Yes ☐ No ☐
If **Yes**, please enter contribution start date:_____

Have you retired under the Employees Retirement System, the Teacher Retirement System of Texas or the Texas Optional Retirement program? Check one: Yes ☐ No ☐

If **Yes**, name of organization _____
Retirement Date: _____

EMPLOYEE SIGNATURE _____ **DATE** _____

TEXAS PRIOR STATE SERVICE VERIFICATION

TEXAS WOMAN'S UNIVERSITY (TWU) - HUMAN RESOURCES

FOR REPORTING STATE SERVICE (not ISD's or 2 year junior/community colleges)

TWU Employee:_____**Former Name(s) Held:** _____

SSN*: XXX-XX-_____ **TWU Date of Hire:** _____

*Disclosure of your Social Security Number (SSN) is requested so that TWU can verify your pertinent prior state employment. No statue or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in loss of verification of your prior state employment that can affect your pay, insurance, and retirement's benefits. The Public Information Act (Texas Government Code, Chapter 552) governs further disclosure of our SSN.

Have you ever been employed by another Texas State Institution of Higher Education or State Agency?

No_____ Initial here and submit this form to the TWU HR department with your New Hire paperwork

Yes - Prior Texas State Employer or Texas Public Employer in TRS: _____

It is the responsibility of the employee to request verification of prior Texas state service credit. The employee **must** provide this form to each relevant prior state employer in order to verify and apply prior service. Failure of the employee to forward this form will result in lack of application of prior state service to TWU records, pay, etc.

TWU EMPLOYEE – DO NOT WRITE BELOW THIS LINE

STATE SERVICE RECORDS

Month-Day-Year		Month-Day-Year	POSITION	PERCENT OF FULL-TIME
___-_____-_____	to	_____-_____-_____	_____	_____
___-_____-_____	to	_____-_____-_____	_____	_____
___-_____-_____	to	_____-_____-_____	_____	_____

LEAVE ACCRUALS

Accrued Sick Leave Balance at time of termination: _____ As of Date: _____

Accrued Vacation Leave Balance at time of termination: _____ As of Date: _____

PAYROLL INFORMATION

Did this employee receive Benefit Replacement Pay (BRP)? No___ or Yes___ If yes, provide the answers below:

Salary BRP was based upon: $_____ per month or year _____ As of Date: _____

Maximum Annual BRP:_____

Year-to-date BRP:_____ As of Date: _____

Did this employee receive Hazardous Duty Pay? No___ or Yes___ If yes, provide the answers below:

Hazardous duty pay monthly amount: $_____ Date Last Paid: _____

SERVICE VERIFIED BY:

Signature: _____ Title: _____

Printed Name: _____ Phone Number: _____

Email form to: Payroll@twu.edu

Fax form to: 940-898-3566

Mail form to: TWU HR – Attn: Payroll / Records PO Box 425739 Denton, TX 76204

DIRECT DEPOSIT
AUTHORIZATION AGREEMENT

TEXAS WOMAN'S UNIVERSITY
P. O. BOX 425739
DENTON, TX 76204-5439
940-898-3561 (Office)
940-898-3566 (Fax)

Type or Print

Last Name _____ **First Name** _____

Position Title/Start Date _____ ***OR*** **TWU ID** _____

Date of Birth: _____

Bank Name _____	**Bank Name** _____
Routing Number _____	**Routing Number** _____
Account Number _____	**Account Number** _____
Checking ☐ **Savings** ☐	**Checking** ☐ **Savings** ☐
Dollar Amt. or 100% _____	**Remainder** _____

** *Important Note: The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.*
** *Checking and Savings accounts do not need to be at the same financial institution.*

I hereby authorize the Texas Woman's University and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination.

Signature _____

Date _____

Department _____

Phone number _____

Payroll Use Only

Date Entered: _____

Initials: _____

*****PLEASE ATTACH A VOIDED PERSONALIZED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM BELOW*****

CONFIDENTIAL EMPLOYEE SURVEY

As part of our continuing commitment to Equal Employment Opportunity, the company has a policy of hiring and promoting individuals based on ability and potential and without regard to those facts that have no bearing on the execution of job responsibilities. The company takes affirmative action steps to employ and advance females, minorities, individuals with disabilities and protected veterans in the workplace.

To enable us to meet government reporting requirements, we request that you complete this personal data form. Any information that you choose to provide will not be considered by us for employment purposes and will be treated as personal and confidential. You may identify as a protected veteran and/or an individual with a disability at any time.

Provision of this information is VOLUNTARY and refusal to provide it will not subject you to any adverse treatment. This information will be kept in a CONFIDENTIAL file, separate from the personnel folder. It will only be used in accordance with applicable laws and regulations. Your cooperation is appreciated.

PLEASE PRINT

Name (Last, First, Middle):	Employee number:	Sex: ☐ Male ☐ Female	Hire Date:
Job Title:	Location and Department Name and Number:		
Office Address (Street, City, State, Zip):	Where did you hear about the position?		

What is your race/ethnicity? You may mark only one box.

☐	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
☐	White	(not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
☐	Black or African-American	(not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
☐	Native Hawaiian or other Pacific Islander	(not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐	Asian	(not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐	American Indian/ Alaskan Native	(not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
☐	Two or more Races	(not Hispanic or Latino) A person who identifies with more than one of the above five races.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

An "Active Duty Wartime or Campaign Badge Veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during the following periods of war:

a. Persian Gulf War – August 2, 1990 to present;
b. Vietnam Era – February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; or
c. Korean Conflict - June 27, 1950 – January 31, 1955,

or served in a campaign or expedition for which a **campaign badge** has been authorized under the laws administered by the Department of Defense.

A "Recently Separated Veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service hired during the three-year period beginning on the date of your discharge or release from active duty.

A "Disabled Veteran" is a veteran of the U.S. military who (i) is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii) was discharged or released from active duty because of a service-connected disability.

An "Armed Forces Service Medal Veteran" means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61FR 1209).

☐ **I identify as one or more of the classifications of protected veterans listed above**

☐ **I am NOT a protected veteran**

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Information concerning your status will be kept confidential except to the extent necessary to provide special accommodations or emergency treatment. Government officials may be informed where required. Your participation is voluntary; failure to respond will not result in adverse treatment.

Signed _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

_____ _____

Your Name Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.