Payroll Employment Packet for NEW Part-Time Employees

*All documents **MUST** be at the payroll office within the first three (3) days of hire of an employee.

* If an employee begins employment and by the third day the I-9 is not complete, the employee must stop working.

*All documents **MUST** be dated close to or the same date employment takes effect.

*Any incomplete documents will cause the whole packet to be returned to the department hiring the employee.

*Payroll does not hire, we only process payment, therefore supervisor must contact employee if data is missing on any forms.

*Any missing forms from the packet or incomplete forms will only delay the hiring of an employee.

PARForm

☐ 1. Employee Information – must be completed by the employee

☐ *2.* Employment Status Information – must be completed by the person responsible for department's budget hiring the employee. *Effective Date of Employment: First day of work*

☐ 3. Employment Approvals – Need approval signatures from department supervisor, Vice President and President

Application – 4 Parts

☐ 1. Cover Letter (Letter of intent to apply for a position)

☐ 2. Application (MUST be signed)

☐ 3. Resume

☐ 4. Copy of College/University transcripts with highest degree

I-9 Form

☐ 1. Section 1 **MUST** be completed and signed by the employee. be dated close to or same Date as effective date on PARForm.

☐ 2. Eligible Documents

   a. Must include copies of eligible documents from list on page 3.

   b. Supervisor hiring the employee MUST see the ACTUAL documents and make copies. Employee is NOT allowed to provide the copies.

   c. Copies MUST be made on photo mode and toward the middle of the page without Cutting off or overlapping sides of documents. If you have questions call the Payroll Department at extensions 4052 or have the employee come by the Payroll Office and someone in that office will make the copies of the documents.

   d. If Social Security Card is provided, make copies of both sides on same page.

TRS Form (072018)

☐ 1. Teacher Retirement History is VERY important (ALL employees are reported to TRS) **MUST** answer ALL questions.

W-4 Form (Current Year)

☐ 1. This form may be updated as many times as the employee wishes during the year. The form MUST be dated close to or same date as effective date on PARForm.

Workers Compensation - Coventry Workers' Comp Network

☐ 1. Employee Notification Letter is a seven-page form that goes to the employee notifying them of their rights in case they get hurt on the job.

☐ 2. Acknowledgement Form is a one page that must be completed by the employee and included in the payroll packet.

Direct Deposit Form

   1. Payroll sends payroll deposits to First State Bank of Uvalde (SWTJC bank). FSBU sends deposits to U.S. Treasury who in turn deposits to the employee's bank.

☐ 2. This form MUST include a copy of a voided check, deposit slip, or bank form/card issued from the employee's bank.

☐ 3. FORM from employee's bank completed by the employee without bank representative's signature will NOT be accepted.

SOUTHWEST TEXAS COLLEGE

Part-Time Personnel Action Request Form

Employee Information
(to be completed by EMPLOYEE)

Full Name: _____ _____ _____

(As it appears on SS Card)   *Last*   *First*   *Middle Name /Initial*

~~~~~~~~~~~~~~~~~~~~~~~~**I-9 Form, Employment Eligibility Verification with acceptable documents must come with this form**~~~~~~~~~~~~~~~~~~~~~~~

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Cell Phone #: _____ Home Phone#: _____

Primary Email: _____ Alternative Email: _____

Employment Status Information
(to be completed by SUPERVISOR)

Nature of Action: ☐ New Hire (Include Job Description) ☐ Rehire ☐ Other Actions (specify)_____

Part-Time: 19.0 hours or less/wk. ☐ Temporary (Active for 4 ½ months then employee will be terminated) ☐ Semester(s) Only ☐On-going

Effective Date of
Employment:
(EX: 01/01/20XX) _____   Department: _____

Self-Service
Supervisor ID#_____   Position
Title: _____

Alternative
Supervisor ID#_____   Hourly Rate $_____

Account #1:

(EX 00-000000-0000-00) _____   Non-Standard Work Week? ☐Yes ☐No

Account #2:   **Non-Standard: If the employee works all five days from Monday through Friday, select "No". Select "Yes" if they work less than 5 days.**

(EX 00-000000-0000-00) _____

Work Location Ex: 01-Uvalde; 02-Del Rio; 03-Eagle Pass; 28-Chittium Tech Ctr   Work Location: _____

Part-Time Object Codes: 7106 (Part-time)   7061 (Workforce)   7030 (Adjunct Faculty – attached to a class)

Employee and position Information provided on this form will be reported to the Teacher Retirement System of Texas. Any employees hired to work more than 20.0 hours per week will have to go through the department's VP to get approval. These employees are also subject to TRS and insurance benefits.

Other Information: _____

_____

Employment Approvals

_____   _____   _____

Supervisor/Dean   *Vice-President/Chief of Staff*   *President*

HR / Payroll Office Use Only

Employee ID# _____   Position-ID _____

STSC/STAT_____   TRS_____   TxNH/AGOT_____   SSNVS_____

☐NAE   ☐RPHR   ☐NFAC   ☐FACL   ☐CPPI   ☐POSD   ☐POSS   ☐WAGS   ☐BNDS   ☐ETAX

☐EDDP   ☐EPOV   ☐OFFI   ☐ADAP   ☐SPAP   ☐MTSS   ☐HDEM   ☐TEPX   ☐O365

Employee Name: _____

Social Security #: _____

Date of Birth: _____

TEACHER RETIREMENT INFORMATION REQUEST FORM

1. Are you retired from the Teacher Retirement System of Texas (TRS)? _____

    If yes, please provide retirement date: _____

2. Are you currently working for another school district/college/university (Institutions that pays into TRS)? _____
    If yes, please provide name of institution(s)*, date and position(s):   **Circle One:

    a. _____ Date:_____Position:_____ P/T   F/T

    b. _____ Date:_____Position:_____ P/T   F/T

    c. _____ Date:_____Position:_____ P/T   F/T

    (Position Ex: teacher, substitute, bus driver, etc.)

3. If you are not a current member, have you worked at another school district/college/university in the past? _____
    If so, please provide name of institution(s)* and date(s):

    a. _____ Dates:_____

    b. _____ Dates:_____

    c. _____ Dates:_____

*Institution: Public School District, College, University or entity that has teacher retirement for employees.

**P/T – Part Time Employment:
-Hourly Employee – works half the number of hours a full-time employee works in a month.
-Number of Days – works half the number of days a full-time employee works in a month. (Ex: Substitute)

**F/T – Full Time Employment
-works more than 15.0 hours per week in a position FTE of 30.0 hours
-works more than 20.0 hours per week in a position FTE of 40.0 hours