

SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
Employee Transaction Form

Transaction # _____

Position # _____

Date _____

Name _____
(First, middle, last as appears on Social Security card)

Degree _____

Current Title/Rank _____

Department _____

Account Name _____

Account Number _____

<input type="checkbox"/> New employee	<input type="checkbox"/> Promotion ¹ (Upgrade)
<input type="checkbox"/> Retired former employee ⁴	<input type="checkbox"/> Transfer ^{1,2}
<input type="checkbox"/> Continuation	<input type="checkbox"/> Classification Change
<input type="checkbox"/> Adjunct	<input type="checkbox"/> Termination ³ (See Reverse)
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Salary Adjustment
<input type="checkbox"/> Title Change ^{1,2}	From _____
To _____	To _____

Replacement for _____

***Beginning Date** _____ **Ending Date** _____
Allow ten (10) days for processing this form prior to the beginning date.

Check one:
 Regular full-time
 Temporary full-time³
 Regular part-time
 Temporary part-time³
 Temporary full-time to Regular full-time

Check one:
 10 month 12 month

Hourly Rate \$ _____
 Monthly Salary \$ _____
 10-Month Salary \$ _____
 12-Month Salary \$ _____
 ____-Month Salary \$ _____

Check one:
 Faculty:
 Tenured
 On Tenure track
 Not on Tenure track
 Professional
 Support/Non-classified
 Technical/Paraprofessional
 Graduate Assistant⁵

Check One:
 Full-time = 1.00 FTE
 3/4 time = 0.75 FTE
 1/2 time = 0.50 FTE
 1/4 time = 0.25 FTE
 Other = ____ FTE

Supervisor plans to offer Hepatitis B Vaccine: Yes ___ No ___
(Check Yes if position has occupational exposure to blood-borne pathogens.)

Justification: _____

Note: RUSO & University NEPOTISM POLICY should be reviewed for compliance prior to signing below.

We, the undersigned, hereby certify that the recruitment effort follows the University Equal Opportunity Statement and that selection does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies or procedures.

(1) _____ Date _____
 Department Head or Supervisor

(2) _____ Date _____
 Dean

(3) _____ Date _____
 Vice President

(4) _____ Date _____
 Director of Finance/Controller

(5) _____ Date _____
 Vice President Business Affairs

(6) _____ Date _____
President

¹ Attach current position description. ² Attach new/revised position description. ³ Employment approval terminates on Ending Date. Continued employment requires submittal of new Employment Request & Employee Transaction Forms. May also require Dept of Homeland Security compliance documentation. ⁴ A minimum of sixty (60) calendar days must pass between a retiree's last day of pre-retirement public education employment & any such post-retirement employment. ⁵ GA for Athletics, Stu Svcs. Eques Ctr, Advising or any non-academic degree office requires academic dept head signature, job description & justification statement below.)

Finance Office Use Only:

Account No. _____
 Authorized _____
 Contract Amount _____
 Less:
 Expended Amount (_____)
 Amount Available _____

Amount to be Committed \$ _____

Amount to be Transferred _____
 From Account.# _____
 Budget Adjustment # _____

_____ Copies Made and Routed _____
 cc: Payroll Human Resources Signatories Posted

Board Approval Date _____

Human Resources Use Only:

Benefits : Eligible (Full-time personnel are eligible)
 Ineligible

Exempt ___ Non-Exempt ___

<input type="checkbox"/> (1) Executive	<input type="checkbox"/> (7) Clerical/Secretarial
<input type="checkbox"/> (2) Administrative	<input type="checkbox"/> (8) Technical/Paraprofessional
<input type="checkbox"/> (3) Managerial	<input type="checkbox"/> (9) Skilled Craft
<input type="checkbox"/> (4) Faculty	<input type="checkbox"/> (10) Service/Maintenance
<input type="checkbox"/> (5) Adjunct	<input type="checkbox"/> (11) Graduate Assistant
<input type="checkbox"/> (6) Professional	<input type="checkbox"/> EEO Code _____

_____ Human Resources Director

Salary Adjustment Justification:
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 OTHER

Form Prepared By _____ **Ext** _____

TERMINATION

Call the Office of Human Resources, ext 2162 questions regarding use of leave when an employee announces s/he is terminating. **A final leave report must be attached to the termination transaction form in order to process the final payroll for the terminating employee.** Note: If an employee resigns or is discharged, full payment for unused annual leave will be made upon approval of the Vice President for Business Services, provided the employee has worked for a continuous six-month period and appropriate notice was given. No payment for annual leave will be authorized for any person who has not completed at least six months of continuous employment at the University.

Name _____

Reason for Termination

Current Salary _____

___ Attend School

___ Hour

___ Resigned:

___ month

___ semester

___ Accept other employment with:

___ year (10 month)

___ year (12 month)

(Needed for Regents reporting / benefits information)

Last Day Present on Job _____

___ Reason unknown

Termination Date _____

(Last Day on Payroll)

___ Retirement

___ 3 days absent without notice

___ Unsatisfactory probationary period

___ Discharge (documentation must be attached)

___ Insufficient class enrollment

___ Non-renewal of contract

___ Death

___ Other Specify _____

Human Resources Use Only:

Pay: _____ hours unused vacation

_____ hours pro-rated vacation

_____ hours compensatory time

Terminal Leave Pay \$ _____

RETIREMENT: Hire Date: _____ TRS Membership Date: _____

To be eligible for the RUSO Supplemental RA Calculation must have been:

A member of OTRS before July 1, 1987 with 10 years continuous service with a regional university

OR

A member of OTRS before July 1, 1995, with 15 years continuous service with a regional university

Yes _____ No _____

Qualifies for the OTRS Rule of 80 (yrs OTR membership + age = 80) or Rule of 90 (yrs OTR membership + age = 90)

Yes _____ No _____

A member who has one hundred twenty (120) days of accumulated unused sick leave at retirement shall receive one (1) year of additional credit toward retirement, based on OTRS rules and regulations.

Qualifies for the RUSO Retirement Insurance Program (whereby university paid health & life continues till age 65)

Yes _____ No _____ If NO, employee elects to continue group health as out-of-pocket expense Yes _____ No _____

COMMENTS: _____