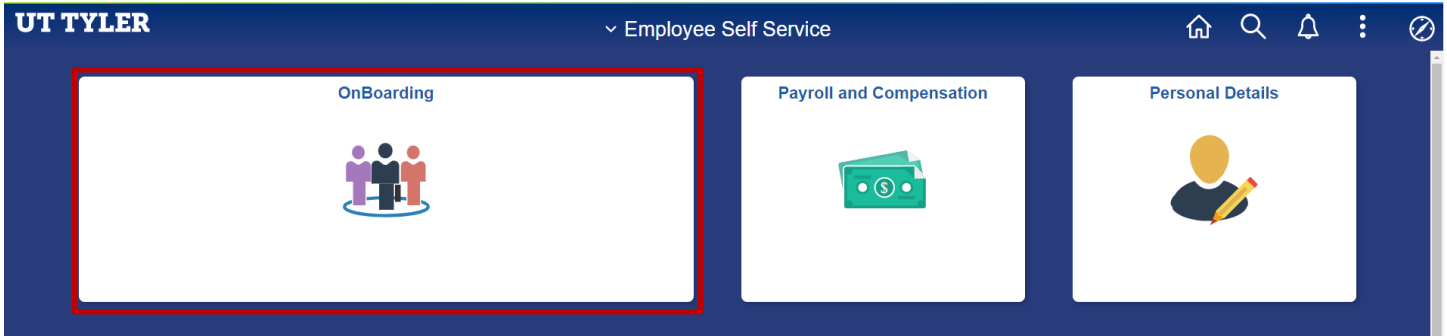
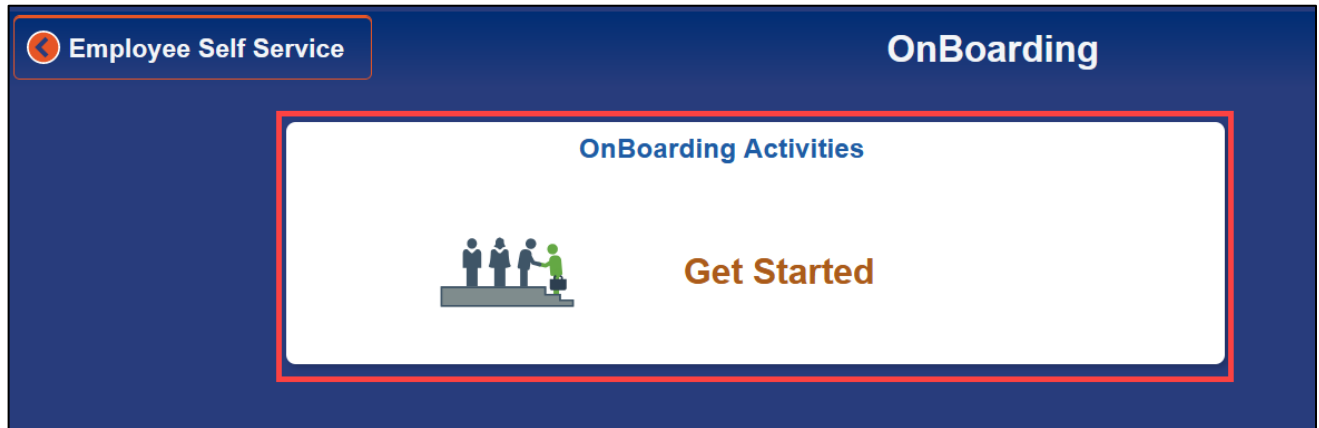


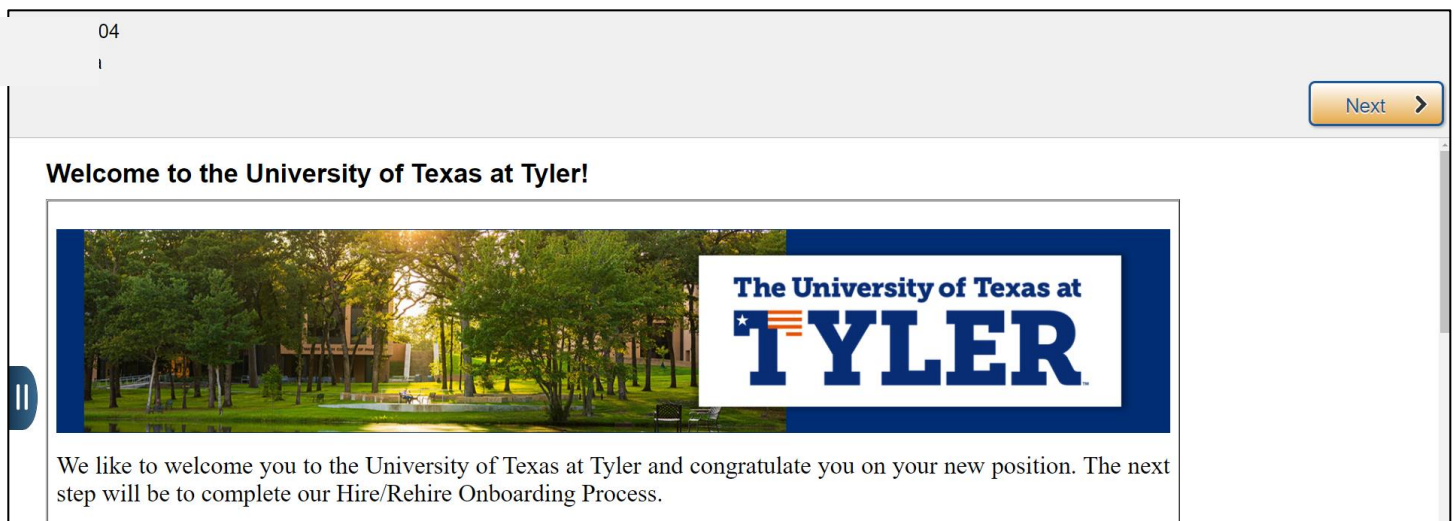
1. Log into UT Share at <https://www.uttyler.edu/utshare/>. You will be brought to the Employee Self Service page. Select the Onboarding Tile.



2. In the Onboarding Activities box, click the Get Started link.



3. After reading the Welcome page, use the Next button to move to the next page.



## Personal Information

4. **Review the Instructions provided.** Click the Complete button in the upper right-hand corner. Use the Next button to move to the next page.

**Personal Information - Personal Information**

**Personal Information**

The following tabs will take you through a series of screens to update your personal information. You will be prompted to update your address, contact information, emergency contacts, education, etc.

Click **NEXT** to begin updating your personal information.

If you have any questions or need assistance, please contact the Office of Human Resources.  
Phone: 903-566-7234  
Email: [humanresources@uttyler.edu](mailto:humanresources@uttyler.edu)

5. **Verify your address.** If it is correct, hit Complete, then Next to move to the next step. If your address needs to be modified, click on the address.

**Personal Information - Verify Addresses**

**Home Address**

3900 University Blvd  
Tyler, TX 75799  
Smith

Current >

The Change as of date, will default to the current date. Enter the new address information and hit the **Save** button.

**Address**

**Employee Instruction**

To save United States addresses at least one of the following fields must get populated: Address 1, Address 2, Address 3

Change As Of: 06/27/2021

Address Type: Home

Country: United States

Address 1: 3900 University Blvd

Address 2:

Address 3:

City: Tyler

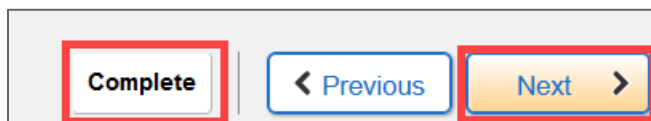
State: Texas

Postal: 75799

County: Smith

Clear

The updated address will now be displayed. Hit the **Complete** button and then **Next** to move on to the screen.



6. **Verify your phone number and email address.** If it is correct, hit Complete, then Next to move to the next step. If any information needs to be modified, click on it.

Cruella de Vil  
6007564162

Complete < Previous Next >

**Personal Information - Verify Contact Details**

**Phone**

+  
Number Extension Type Preferred  
210/458-7456 Home ✓ >

**Email**

+  
Email Address Type Preferred  
ILUVFUR@ME.COM Home ✓ >

Update your contact information and hit Save.

Cancel Phone Number Save

Type Home ▾

Preferred

Number 210/458-7456

Extension

Delete

Cancel Email Address Save

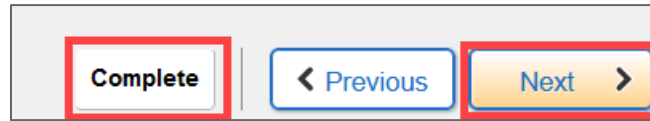
Email Type Home ▾

Preferred No

Email Address ILUVFUR@ME.COM

Delete

Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.



7. The next section will prompt you to add your emergency contacts. Click on the Add Emergency Contact button.

**Personal Information - Emergency Contacts**

No data exists.

**Add Emergency Contact**

Enter your **Contact Name**.

**Emergency Contact** **Save**

\*Contact Name Anita Radcliffe

\*Relationship

Preferred

From the drop-down select the relationship type. Review the list and choose the most appropriate response.

\*Contact Name Anita Radcliffe

\*Relationship

Preferred

**Address**

No data exists.

**Add Address**

**Phone Numbers**

No data exists. At least one phone

**Add Phone Number**

- Adult Child
- Child
- Domestic Partner Adult
- Domestic Partner Child
- Employee
- Estate
- ExDomestic Partner
- ExSpouse
- Foster Child
- Friend
- Grand Parent
- Grandchild
- Great Grand Parent
- Great Grandchild
- In-Law
- Neighbor
- Other
- Other Child
- Other Relative
- Parent

Next, Add their **Address** and **Phone Number**. The Phone Number is required. Once complete, hit **Save**.

**Emergency Contact**

Cancel Save

\*Contact Name Anita Radcliffe

\*Relationship Friend

Preferred

**Address**

No data exists.

**Add Address**

**Phone Numbers**

No data exists. At least one phone number is required.

**Add Phone Number**

Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.

**Complete** < Previous Next >

8. The next section will ask for your privacy options. Click Add.

**Personal Information - Data Privacy Elections**

No data exists.

**Add**

Click the **Magnifying Glass**  next to the Privacy Options box. Click anywhere in the box that says **RESTRICTIONS**.



**Lookup**

Cancel

Search for: \*Privacy Options

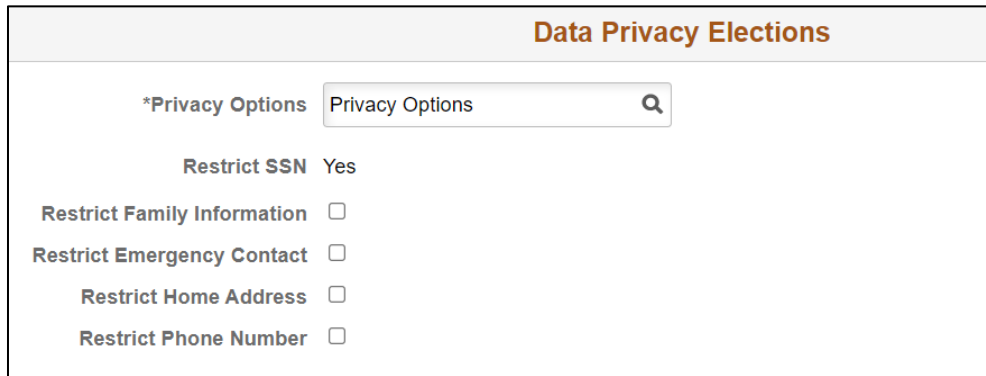
**Search Criteria**

**Search Results**

  1 row

Content Item	Description
RESTRICTIONS	Privacy Options

The Public Information Act allows employees to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Please indicate whether you wish to restrict Public Release of the following information by checking the box. You can restrict more than one option.



**Data Privacy Elections**

\*Privacy Options Privacy Options 🔍

Restrict SSN  Yes

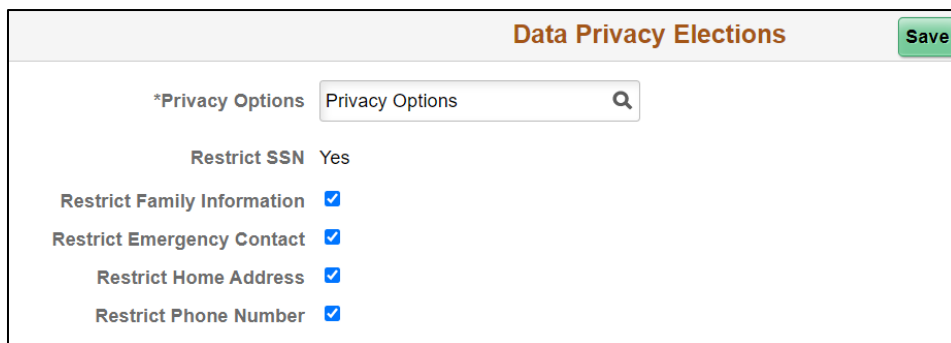
Restrict Family Information

Restrict Emergency Contact

Restrict Home Address

Restrict Phone Number

Once you are done, click **Save**.



**Data Privacy Elections** Save

\*Privacy Options Privacy Options 🔍

Restrict SSN  Yes

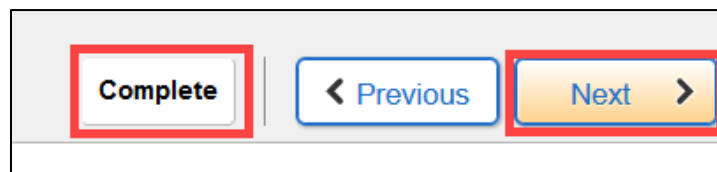
Restrict Family Information

Restrict Emergency Contact

Restrict Home Address

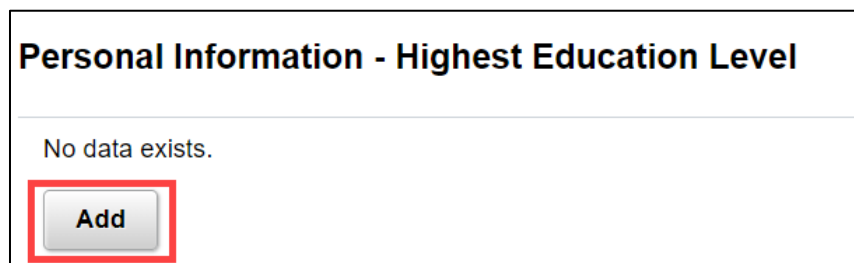
Restrict Phone Number

Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.



Complete < Previous Next >

Indicate the highest completed level of education, click add to begin.

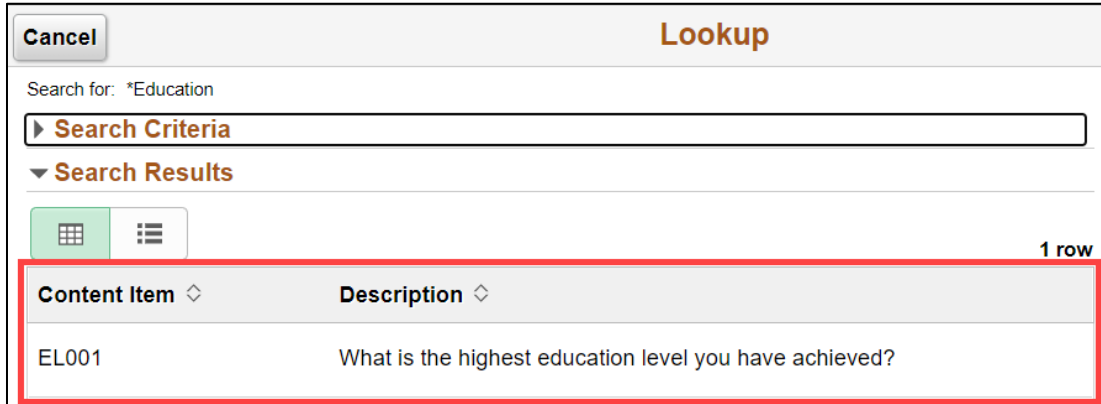


**Personal Information - Highest Education Level**

No data exists.

Add

Click the **Magnifying Glass**  next to the Education box. Click the descriptor box.



Cancel **Lookup**

Search for: \*Education

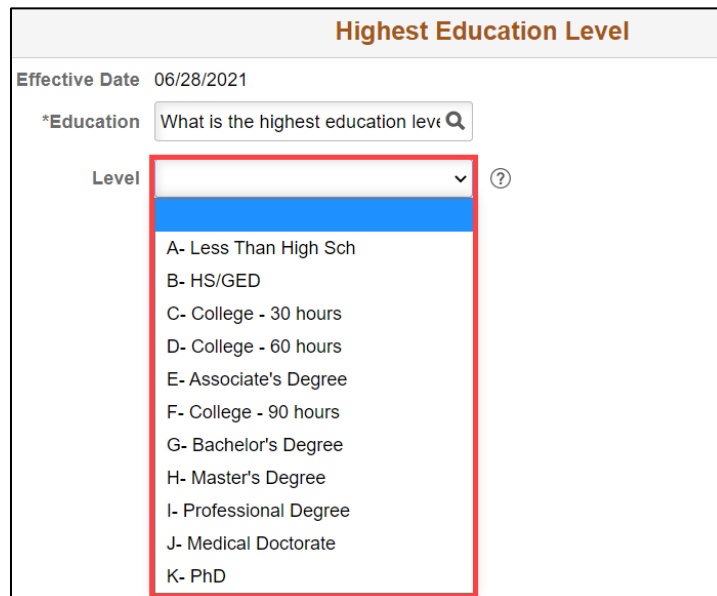
▶ **Search Criteria**

▼ **Search Results**

1 row

Content Item	Description
EL001	What is the highest education level you have achieved?

From the drop-down menu, select the appropriate response.



**Highest Education Level**

Effective Date 06/28/2021

\*Education What is the highest education level

Level

- A- Less Than High Sch
- B- HS/GED
- C- College - 30 hours
- D- College - 60 hours
- E- Associate's Degree
- F- College - 90 hours
- G- Bachelor's Degree
- H- Master's Degree
- I- Professional Degree
- J- Medical Doctorate
- K- PhD

Once you are done, click Save. Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.

**9. Voluntary Self-Identification of Ethnicity.** UTT is subject to certain governmental recordkeeping and reports requirements related to the administration of civil rights laws and regulations. In order to comply with such requirements, UTT asks employees to self-identify and provide information regarding their race and ethnicity. Submission of this information is voluntary and the refusal to provide it will not subject employees to any adverse treatment.

Question 1 select one answer. Question 2 select all that apply. If you need further information, click “Explain” on the page.

Complete < Previous Next >

**Personal Information - Ethnicity**

1) Are you Hispanic or Latino? [Explain](#)

Yes

No

2) What is your race? Select one or more. [Explain](#)

American Indian or Alaska Native

Asian

Black or African American

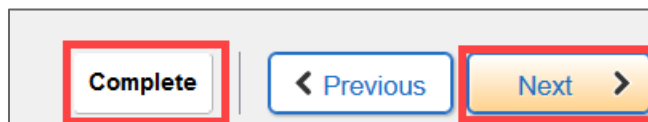
Native Hawaiian or Pacific Islander

White

**Voluntary Self-Identification**

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Once you are done, click Save. Then, Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.



## 10. Voluntary Self-Identification of Disability. Read the instructions displayed, check the box with your response. Click the Submit button.

**Personal Information - Voluntary Self-Identification of Disability**

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: Cruella de Vil Date: 06/28/2021

Employee ID: 6007564162  
(if applicable)

**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

**Please check one of the boxes below:**

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish To Answer

**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.



Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.

Voluntary Self-Identification of Veteran Status. Click **Add** to begin.


**Personal Information - Voluntary Self-Identification of Veteran Status**

No data exists.

**Add**

Click the **Magnifying Glass**  next to the Veteran Identification box.

**Veteran Identification**

\*Veteran Identification  

Veteran Status

Disabled Veteran

Special Disabled Veteran

Surviving Spouse of Veteran

Orphan of Veteran

Military Discharge Date

Click Federal & Texas Identification

**Lookup**

Search for: \*Veteran Identification


Search Criteria

Search Results

Content Item	Description
UTVETSTAT	Federal & Texas Identification

Choose your Veteran Status from the drop-down menu. If you are not a veteran, select “No Military Service”.

**Veteran Identification**

\*Veteran Identification  

Veteran Status

Disabled Veteran

Special Disabled Veteran

Surviving Spouse of Veteran

Orphan of Veteran

Military Discharge Date

- Active Reserve
- Actv Wartime/Cmpgn Badge Vet
- Armed Forces Service Medal Vet
- Inactive Reserve
- No Military Service
- Retired Military
- Srvc Mdl & Actv War/Cmpgn Vet
- Veteran
- Veteran VA Ineligible
- Veteran of Vietnam Era
- Vietnam & Other Protected Vet

After you select your veteran status, review the information below and select all that apply.

**Veteran Identification**

\*Veteran Identification Federal & Texas Identification 🔍

Veteran Status Retired Military ▼

Disabled Veteran

Special Disabled Veteran

Surviving Spouse of Veteran

Orphan of Veteran

Military Discharge Date

Enter your military discharge date, if you are a recently separated veteran. A recently separated veteran is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service. Reference your DD214.

**Veteran Identification**

\*Veteran Identification Federal & Texas Identification 🔍

Veteran Status Retired Military ▼

Disabled Veteran

Special Disabled Veteran

Surviving Spouse of Veteran

Orphan of Veteran

Military Discharge Date

Once you are done, click Save. Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.

**Complete** | < Previous | Next >

**11. If you have a relative employed with the University of Texas System, click Add. If this does not apply to you, click Complete and the Next to proceed to the next page. Skip to step 44.**

**Personal Information - Relative Employed by UT**

No data exists.

**Add**

Use the magnifying glass and select UT Family.

Content Item	Description
UT_FAMILY	UT Family
UT_FAMILY2	UT Family 2
UT_FAMILY3	UT Family 3
UT_FAMILY4	UT Family 4
UT_FAMILY5	UT Family 5

Now, use the magnifying glass to find your UT Family member. Click on the magnifying glass next to Employee ID. Expand the Search Criteria and search using their first and last name.

*UT Family	<input type="text" value="UT Family"/>	<input type="button" value="Q"/>
Institution	<input type="text"/>	<input type="button" value="Q"/>
Department	<input type="text"/>	<input type="button" value="Q"/>
Employee ID	<input type="text"/>	<input type="button" value="Q"/>

Expand the Search Criteria and search using their first and last name.

<input type="button" value="Cancel"/>	<b>Lookup</b>
Search for: Employee ID	
<b>Search Criteria</b> <a href="#">Show Operators</a>	
Empl ID (begins with)	<input type="text"/>
Display Name (begins with)	<input type="text"/>
Last Name (begins with)	<input type="text" value="Minner"/>
First Name (begins with)	<input type="text" value="Samantha"/>
Second Last Name (begins with)	<input type="text"/>
Alternate Character Name (begins with)	<input type="text"/>
<input type="button" value="Search"/>	<input type="button" value="Clear"/>
<b>Search Results</b>	

Click on your family member based on your search results. Once complete, hit Save.

Search Criteria Show Operators

Empl ID (begins with)

Display Name (begins with)

Last Name (begins with) MINNER

First Name (begins with)

Second Last Name (begins with)

Alternate Character Name (begins with)

Search Results 1 row

Empl ID	Display Name
6001026248	Samantha Minner

If you need to add an additional UT Family member, hit the plus sign and continue the steps above. This time UT Family 2.

Personal Information - Relative Employed by UT

UT Family	Edit/View
UT Family	>

Once done **Complete** this step and Click Next to proceed to the next page.

## 12. Verify Additional Information. Review the data displayed on this screen, if anything is incorrect, please contact the Human Resources department.

Personal Information - Verify Additional Information

Gender Female

Date of Birth 06/06/1966

Birth Country United States

Birth State

Social Security Number

Smoker

Date Entitled to Medicare

Original Start Date 04/10/2021

Last Start Date 04/10/2021

Highest Education Level Not Indicated

**Employee Information**

Contact the Human Resources department if any of your Employee Information is incorrect.

Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.

A set of three navigation buttons. The 'Complete' button is on the left, the 'Previous' button is in the middle, and the 'Next' button is on the right. The 'Complete' and 'Next' buttons are highlighted with red boxes.

## Payroll

13. Review the Payroll Instructions provided. click the Complete button in the upper right-hand corner. Use the Next button to move to the next page.

Read the W-4 Tax Information Instructions, scroll down to view the entire screen.

A screenshot of a W-4 Withholding Certificate form. The form is titled 'W-4 Withholding Certificate' and includes the name 'Cruella de Vil' and 'University of Texas, Tyler'. It also shows a 'Social Security Number' field. Below the header, there is a section for 'Step 1: Personal Information' which includes a question about the name matching the social security card, an 'Address' field with '3900 University Blvd, Tyler TX 75799', and a 'Filing Status' field.

Complete the W-4 form. If you need assistance, view the instructions provided on the page.

A detailed screenshot of the W-4 form. The 'Filing Status' section is highlighted with a red box. It shows three options: 'Single or Married filing separately' (selected), 'Married filing jointly (or Qualifying widow(er))', and 'Head of Household'. Below this, there are sections for 'Step 2: Multiple Jobs or Spouse Works' and 'Step 3: Claim Dependents'. The 'Step 3' section includes a calculation for the number of dependents and a total of 4000.00. The 'Step 4: Other Adjustments' section includes fields for 'Other Income', 'Deductions', and 'Extra Withholding'.

Once complete, hit the Submit button located at the bottom of the form.

**Claim Exemption from Withholding**

I claim exemption from withholding for the year  and I certify that I meet BOTH of the following conditions for exemption from withholding:

- Last year I owed no federal income tax.
- This year I expect to owe no federal income tax.

Check this box if you meet both conditions to claim exemption from tax withholding

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.

14. Next, enter your direct deposit information. Click Add Account.

**Direct Deposit**

Cruella de Vil

You have not added any direct deposit account information.

Enter your 9-digit Routing Number

Direct Deposit

**Add Direct Deposit**

Cruella de Vil

**Your Bank Information**

Routing Number  [View Check Example](#)

**Distribution Instructions**

Account Number

Retype Account Number

\*Account Type

\*Deposit Type

Amount or Percent

\*Deposit Order  (Example: 1 = First Account Processed)

\* Required Field

[Return to Direct Deposit](#)

Enter your account number.

Direct Deposit

### Add Direct Deposit

Cruella de Vil

**Your Bank Information**

Routing Number  [View Check Example](#)

**Distribution Instructions**

Account Number

Retype Account Number

\*Account Type

\*Deposit Type

Amount or Percent

\*Deposit Order  (Example: 1 = First Account Processed)

From the drop-down menu select the Account Type

**Add Direct Deposit**

Cruella de Vil

**Your Bank Information**

Routing Number  [View Check Example](#)

**Distribution Instructions**

Account Number

Retype Account Number

\*Account Type

\*Deposit Type

Amount or Percent

\*Deposit Order  (Processed)

From the drop-down menu select the deposit type. If you only have 1 account, select **Balance of Net Pay**. If you will be using more than 1 account, select **Amount** or **Percent** to setup.

Direct Deposit

### Add Direct Deposit

Cruella de Vil

**Your Bank Information**

Routing Number  [View Check Example](#)

**Distribution Instructions**

Account Number

Retype Account Number

\*Account Type

\*Deposit Type

Amount or Percent

\*Deposit Order  (Processed)

[Terms of using Direct Deposit](#)

The deposit order will default to 999.

The screenshot shows a web form titled "Direct Deposit" with the sub-heading "Add Direct Deposit". The user's name is "Cruella de Vil". Under "Your Bank Information", the Routing Number is 123456789. Under "Distribution Instructions", the Account Number and Retype Account Number are both 0123456. The Account Type is "Checking" and the Deposit Type is "Balance of Net Pay". The "Amount or Percent" field is empty. The "Deposit Order" field is highlighted with a red box and contains the value "999". A note next to it says "(Example: 1 = First Account Processed)". There is a "View Check Example" link.

\*If using more than one account, you can change the deposit order for each account.

Once you have completed all the account information click on the **Acknowledge** button.

This screenshot is identical to the previous one, but it shows the bottom of the form. The "Submit" button is on the left, and the "Acknowledge the terms of using Direct Deposit" button is on the right, highlighted with a red box. Below the buttons, there is a note: "\* Required Field" and a link: "Return to Direct Deposit".

A Direct Deposit Acknowledgment will appear. Please read and click **Accept** to complete the transaction.

The screenshot shows a "Direct Deposit Acknowledgement" screen. It contains several paragraphs of text explaining the terms of the direct deposit authorization. At the bottom right, there are two buttons: "Accept" and "Decline". The "Accept" button is highlighted with a red box.

**Direct Deposit Acknowledgement**

By clicking the **Submit** button, I hereby authorize, understand, and agree to **all** of the following:

I am solely responsible for the accuracy of the submitted data.

I hereby authorize the **University** to deposit my net pay by electronic transfer to my account(s) each payday. The **University** shall deposit the payments in the financial institution(s) to the account(s) designated of which I am an authorized user and/or signer. I authorize the **University** to initiate debit entries to my account(s) for the purpose of correcting a previous deposit and authorize my **Financial Institution** to accept any credit or debit entries initiated by the **University**.

I understand it is my sole responsibility to verify with my financial institution the receipt of my payroll direct deposit funds prior to use of such expected funds. The **University** is not liable for any fees associated with insufficient fund charges.

This authorization is to remain in effect until the **University** has received a change action in such time and in such manner as to afford the **University** and **Financial Institution** reasonable opportunity to act on it. I also understand it is my responsibility to immediately update my direct deposit information if I become aware of any changes in status or banking information.

I understand that submitted direct deposit actions (new, changes, and stops) may take effect on the next payroll processing date, not the current payday.

Every employee **may** have a combination of direct deposits to three separate accounts and/or financial institutions.

If you need a Spanish version of these directions, please contact your Payroll Office.  
Si necesita una versión en español de este acuerdo por favor póngase en contacto con la oficina de nómina (Payroll).

Thank you

Click the **Complete** button in the upper-hand corner and click **Next** to navigate to the next page.



# UT Tyler Policies and Resources

15. **Review the UT Tyler Policies.** Each link will send you to the policy information. Once you have read and understood the policies, check the acknowledgement box. Click **save** then **next** to proceed to the next page.

I understand that all university-related policies above may be found on the should I need to access it in the future. I also acknowledge that I have read and understood the policies with these policies may result in disciplinary action up to and including termination of my employment.

I acknowledge that I have read and understood the policies listed above.

Save

16. **Review the Statement of Selective Service Registration Status.** Complete and sign the form.

UT Tyler Policies and Resources - Statement of Selective Service

The University of Texas at  
**TYLER**  
The University of Texas at Tyler  
Statement of Selective Service Registration Status

R Rev (05/18)

Under HB 558, enacted by the 79th Texas State Legislature, if you are currently of the age and gender requiring registration with Selective Service, but knowingly and willfully fail to do so, you are ineligible for employment with an agency in any branch of Texas state government. Any offer of employment is contingent on your compliance with Selective Service law.

Exemptions

Almost all male U.S. citizens, and male aliens living in the U.S., who are 18 through 25 years of age, are required to register with Selective Service. Some non-citizens are required to register and others are not.

Non-citizens not required to register include men who are in the U.S. on student or visitor visas, and men who are part of a diplomatic or trade mission and their families. Almost all other male non-citizens are required to register, including illegal aliens, legal permanent residents, and refugees.

Non-Registrants

If you are not registered as required, you are presently not eligible to be hired and should register promptly at a United States Post Office. A Certificate of Mailing may be obtained from the Post Office at such time that you mail your registration and may be used as proof of your application until you receive your Selective Service Registration Card.

Privacy Act Statement

Because information on your registration status is essential for determining whether you are in compliance with Selective Service law, failure to provide the information requested by this statement will prevent any further consideration of you for employment. This information is subject to verification with the Selective Service System and may be furnished to federal agencies for law enforcement or other authorized use in implementing the law.

False Statement Notification

A false statement may be grounds for not hiring you, or for dismissal, if you have already begun work.

Review

Should any question arise regarding your registration or eligibility for an exemption, you may request an official "status information" letter from the Selective Service System by calling 1-847-688-8888. As an alternative, you may send a written request to the Selective Service System at P.O. Box 94938, Palatine, IL 60094-4938.

I understand that under HB 558, enacted by the 79th Texas Legislature, I must be registered with the Selective Service System according to the requirements of federal law in order to be employed with an agency in any branch of Texas state government. I further certify that the information provided on this form is true, complete and correct to the best of my knowledge. I understand that any false statements may void my application for employment and that the information provided on this form will be used only for evaluation of eligibility for employment.

I am registered with Selective Service.

No

Yes

I am not required to register due to one or more reason(s) listed under Exemptions section of this form.

SSN

Date of Birth

Click **save** then **next** to proceed to the next page.

17. **Review the Information Resources Acceptable Use and Security Policy Agreement.** Check the box on the bottom of the page to acknowledge receipt and acknowledgement.

Enter your First and Last Name, then **Save** the page. Click **Next** in the upper-right hand corner to move onto the next policy.

User Acknowledgment

I acknowledge that I have received and read the Information Resources Acceptable Use Policy. I understand and agree that my use of University Information Resources is conditioned upon my agreement to comply with the Policy and that my failure to comply with this Policy may result in disciplinary action up to and including termination of my employment.

I acknowledge that I have received and read the Information Resources Acceptable Use Policy.

\*First Name

\*Last Name

Save

Once you have completed the form, check the box to acknowledge and click **Save**.

< Previous      Next >

Save

Click **Next** to navigate to the next page.

< Previous      Next >

Save

## 18. Review the Verification of Prior State Service. Click the Link to sign the form via DocuSign.

UT Tyler Policies and Resources - Request for Verification of Prior State Service

The University of Texas at  
**TYLER**

Request for Verification of Prior State Service

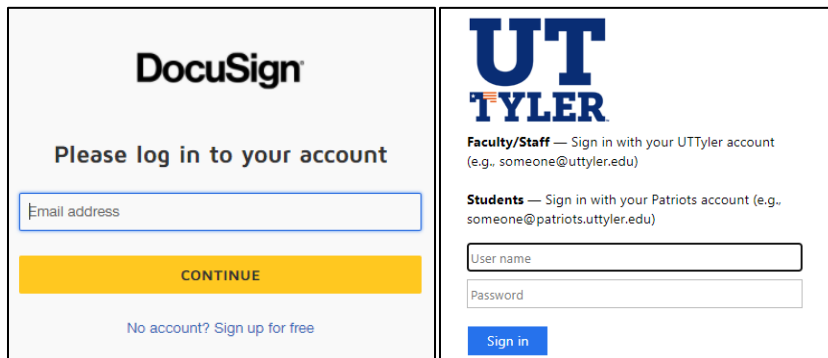
Employees at UT Tyler are eligible to receive credit for prior State of Texas employment. Once an employee's length of prior state service has been confirmed, the employee may qualify for higher vacation accruals and longevity pay if employed in an eligible position.

\*\*\*You **MUST** [CLICK HERE](#) to complete and sign the Prior State Service Form\*\*\*

Once you have completed the form, you must return to this page and acknowledge that you have completed the document.

If you have any questions or need assistance, please contact the Office of Human Resources.  
Phone: 903-566-7234  
Email: [humanresources@uttyler.edu](mailto:humanresources@uttyler.edu)

The link will take you to a DocuSign screen. Enter your [uttyler.edu](mailto:uttyler.edu) email address and select **CONTINUE**.  
(**Note:** it must be [uttyler.edu](mailto:uttyler.edu) **not** [patriots.uttyler.edu](mailto:patriots.uttyler.edu))




Click on the blue “use” icon.

☆ Workers Compensation ⓘ 👤


Template ID



### Recipients

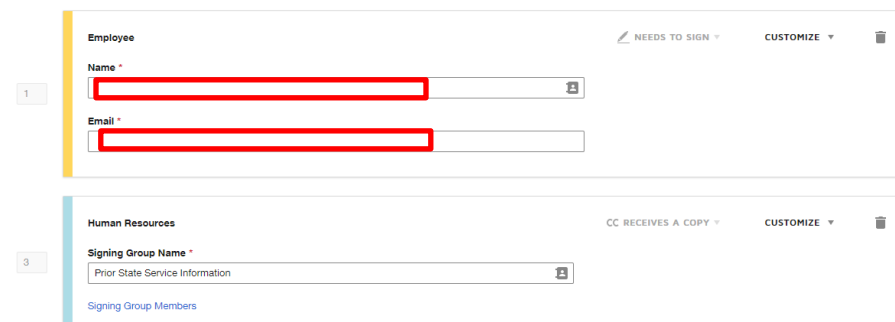
- 1  **Employee:**

---

- 2  **WCI: WCI**  
Signing Group

You will be prompted to enter your name and email address. **Do not** change or enter any other information. Then click the **SEND** button.

### Add recipients



### Add message

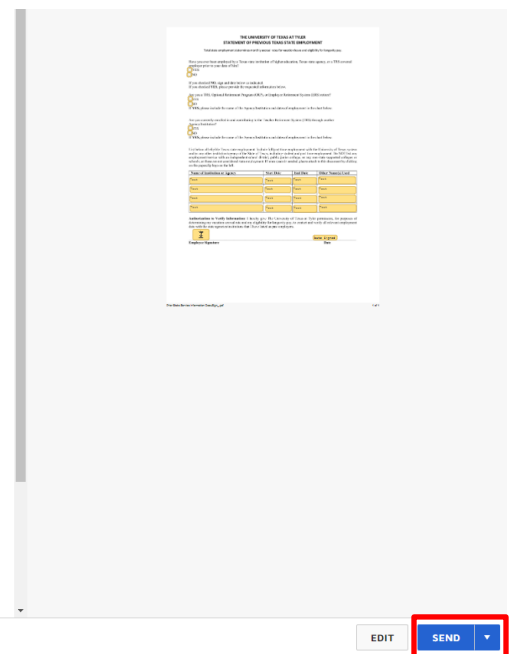
Custom email and language for each recipient

**Email Subject \***

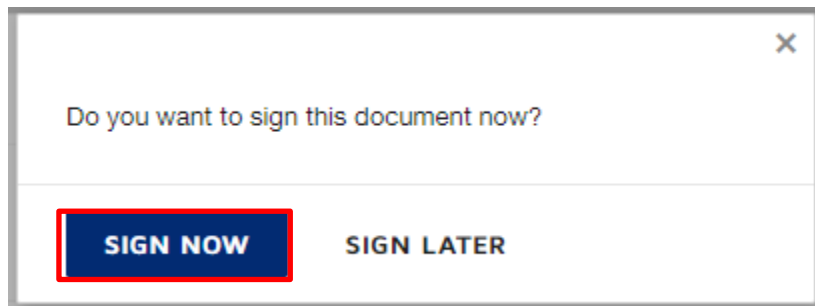
Please DocuSign: Prior State Service Information DocuSign\_.pdf

Characters remaining: 38

**Email Message**



Select the button **SIGN NOW**



Click **Continue**



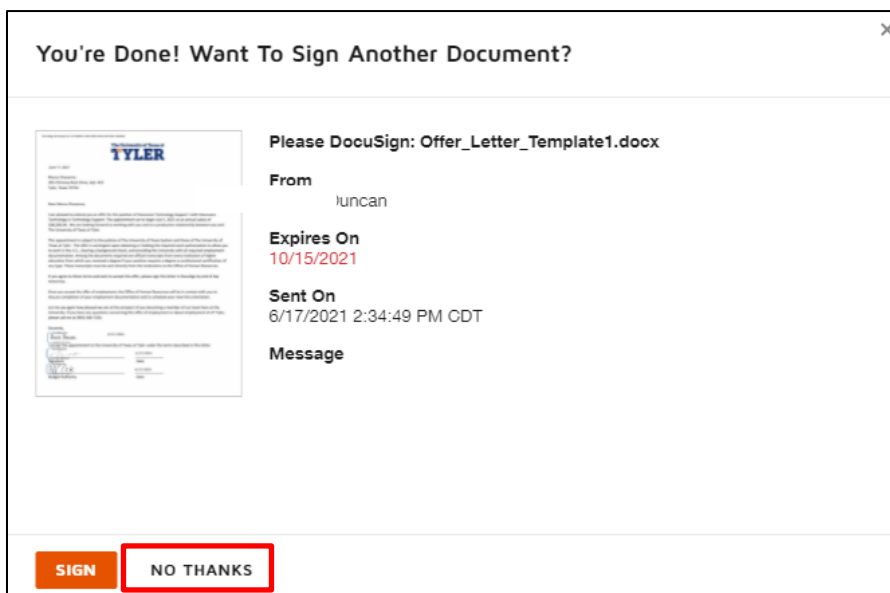
Click **Start** and fill out all information on the form.



Once all information is completed, Click **Finish**.



Select **NO THANKS** and close the Tab.



Once you have completed the form in DocuSign, go back to the Onboarding Tile and check the box at the bottom of the page to acknowledge and click **Save**.

I acknowledge that I have completed the Prior State Service form.

Click **Next** to navigate to the next page.

[< Previous](#) [Next >](#)

### 19. Review the Confidentiality Compliance Statement for Student Records.

The University of Texas at  
**TYLER**

**CONFIDENTIALITY COMPLIANCE STATEMENT FOR STUDENT RECORDS**

- I understand that in the normal course of my work I am obligated to protect the confidentiality of student records maintained by The University of Texas at Tyler.
- I am aware that information contained in any student's educational record including the records of individuals with whom I have a personal relationship can be released only as permitted under the terms of the Family Educational Rights and Privacy Act of 1974 (FERPA).
- Information about FERPA can be found in The University of Texas at Tyler catalog under the heading of Student Records--Family Educational Rights and Privacy Act (FERPA).
- I understand that under the revision (the Buckley Amendment) to the original act students are not allowed access to information furnished by their parents, or to confidential letters of evaluation placed in or forwarded to student records under an agreement of confidentiality prior to January 1, 1974.

After your review, enter your First & Last Name, then click **Save**.

- I further understand that this statement of compliance includes release of information in printed form, by electronic or other media, and by teleph
- I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to c that such willful or unauthorized disclosure violates UT Tyler's policy and could constitute just cause for disciplinary action including term penalties are imposed.
- I understand that if when my employment with The University ends, all student records must remain with The University.

First Name


Last Name

Click **Next** to navigate to the next page.

[< Previous](#) [Next >](#)

## 20. Review and sign the Workers' Compensation Network Acknowledgment Form. Click the Link to sign the form via DocuSign.

UT Tyler Policies and Resources - Workers' Compensation Acknowledgement Form



**The University of Texas at Tyler**  
**Workers' Compensation Network Acknowledgement Form**


Workers' Compensation Insurance (WCI) provided by The University of Texas at Tyler (UT Tyler) is funded by The University of Texas System (UT System) through a self-insured WC program.

\*\*\*You **MUST** [CLICK HERE](#) to complete and sign the Workers' Compensation Form\*\*\*

Once you have completed the form, you must return to this page and acknowledge that you have completed the document.

If you have any questions or need assistance, please contact the Office of Human Resources.  
Phone: 903-566-7234  
Email: [humanresources@uttyler.edu](mailto:humanresources@uttyler.edu)

The link will take you to a DocuSign screen. Enter your [uttyler.edu](mailto:uttyler.edu) email address and select **CONTINUE**. (**Note:** it must be [uttyler.edu](mailto:uttyler.edu) not [patriots.uttyler.edu](mailto:patriots.uttyler.edu))




**Please log in to your account**

CONTINUE

No account? Sign up for free



**Faculty/Staff** — Sign in with your UTTyler account  
(e.g., someone@uttyler.edu)

**Students** — Sign in with your Patriots account (e.g., someone@patriots.uttyler.edu)

Sign in


Click on the blue “use” icon.


### ☆ Workers Compensation ⓘ 👤

Template ID

**USE**

#### Recipients

1  **Employee:**

2  **WCI: WCI**  
Signing Group

You will be prompted to enter your name and email address. **Do not** change or enter any other information. Then click the **SEND** button.

Add recipients

1

Employee NEEDS TO SIGN CUSTOMIZE

Name \*

Email \*

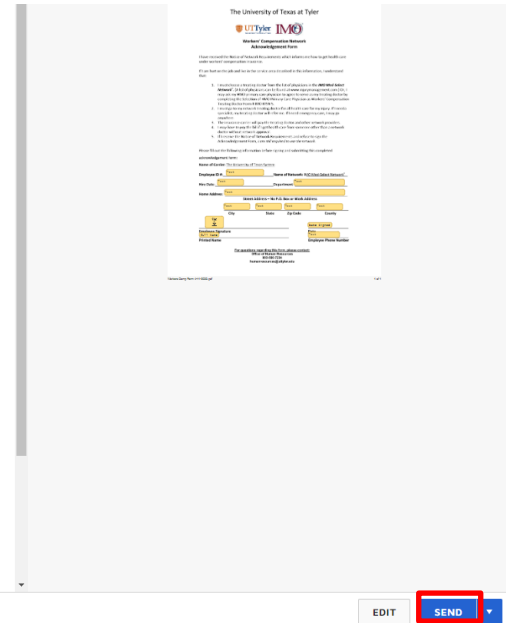
2

WCI CC RECEIVES A COPY CUSTOMIZE

Signing Group Name \*

WCI

Signing Group Members



Add message

Custom email and language for each recipient

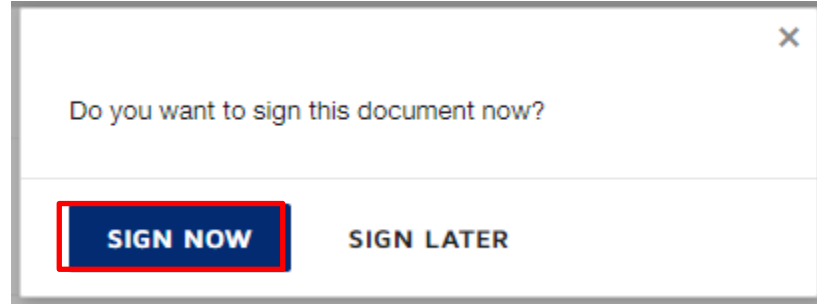
Email Subject \*

Please DocuSign: Workers Comp Form 4-11-2022.pdf

Characters remaining: 52

Email Message

Select the button **SIGN NOW**



Click **Continue**

Please review the documents below.

CONTINUE

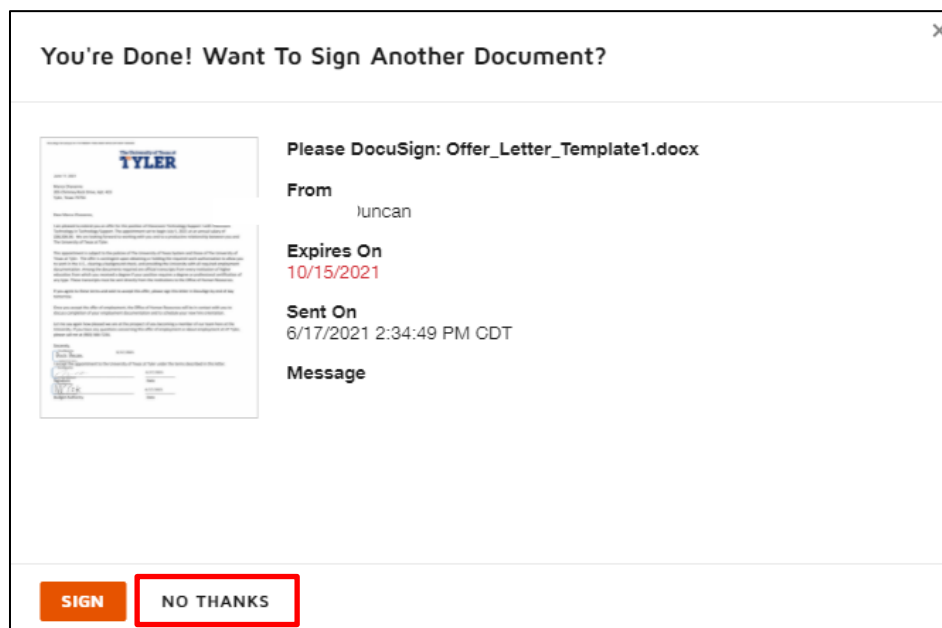
Click **Start** and fill out all information on the form.

START

Once all information is completed, Click **Finish**.

FINISH

Select **NO THANKS** and close the Tab.



Once you have completed the form in DocuSign, go back to the Onboarding Tile and check the box at the bottom of the page to acknowledge and click **Save**.



Click **Next** to navigate to the next page.





## 21. Review and sign the Intellectual Policy Agreement

### UT Tyler Policies and Resources - Intellectual Property Policy Agreement



**The University of Texas System**  
**Intellectual Property Policy Agreement**

In order for the University of Texas System and The University of Texas at Tyler ("University") to meet its obligations under the Bayh-Dole Act, all employees must complete an Intellectual Property Policy Agreement. A copy of The University of Texas System Intellectual Property Policy is currently available at: <https://utsystem.edu/board-of-regents/rules/90101-intellectual-property>.



**\*\*\*You **MUST** [CLICK HERE](#) to complete and sign the Intellectual Property Policy\*\*\***

**Once you have completed the form**, you must return to this page and acknowledge that you have completed the document.

If you have any questions or need assistance, please contact the Office of Human Resources.

Phone: 903-566-7234  
Email: [humanresources@uttyler.edu](mailto:humanresources@uttyler.edu)

The link will take you to a DocuSign screen. Enter your [uttyler.edu](mailto:uttyler.edu) email address and select **CONTINUE**. (**Note:** it must be [uttyler.edu](mailto:uttyler.edu) not [patriots.uttyler.edu](mailto:patriots.uttyler.edu))

 <p><b>Please log in to your account</b></p> <input type="text" value="Email address"/> <b>CONTINUE</b> <a href="#">No account? Sign up for free</a>	 <p><b>Faculty/Staff</b> — Sign in with your UTTyler account (e.g. someone@uttyler.edu)</p> <p><b>Students</b> — Sign in with your Patriots account (e.g. someone@patriots.uttyler.edu)</p> <input type="text" value="User name"/> <input type="password" value="Password"/> <b>Sign in</b>
---	---

Click on the blue “use” icon.

## ☆ UT System Intellectual Property Policy ⓘ 👤

Template ID

This form is to be used for all employees in order for the University of Texas at Tyler to me



### Recipients

👤 Employee:

👤 Research  
Research@uttyler.edu

You will be prompted to enter your name and email address. **Do not** change or enter any other information. Then click the **SEND** button.

### Add recipients

Employee ✍️ NEEDS TO SIGN ⚙️ CUSTOMIZE

1

Name \*

Email \*

---

1

Name \*  CC RECEIVES A COPY ⚙️ CUSTOMIZE

Email \*

### Add message

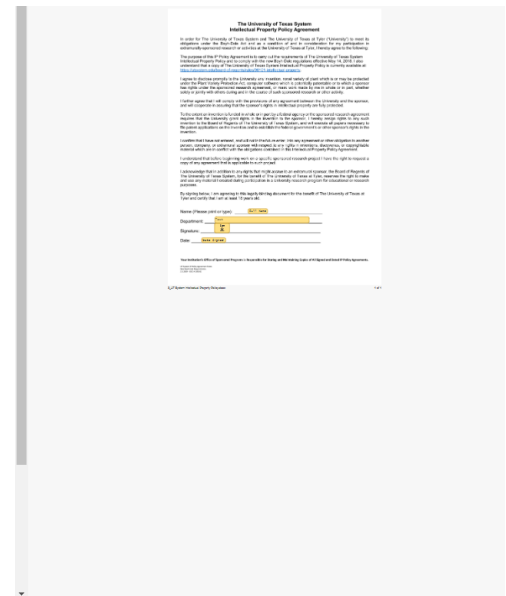
Custom email and language for each recipient

Email Subject \*

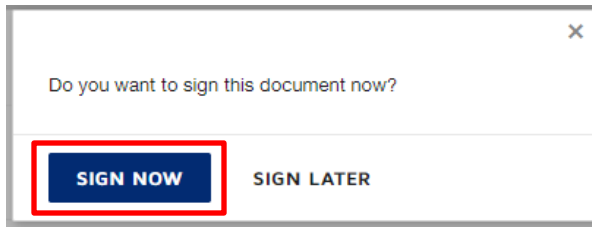
UT System Intellectual Property Policy.docx

Characters remaining: 57

#Email Message



Select the button **SIGN NOW**



Click **Continue**

Please review the documents below.

**CONTINUE**

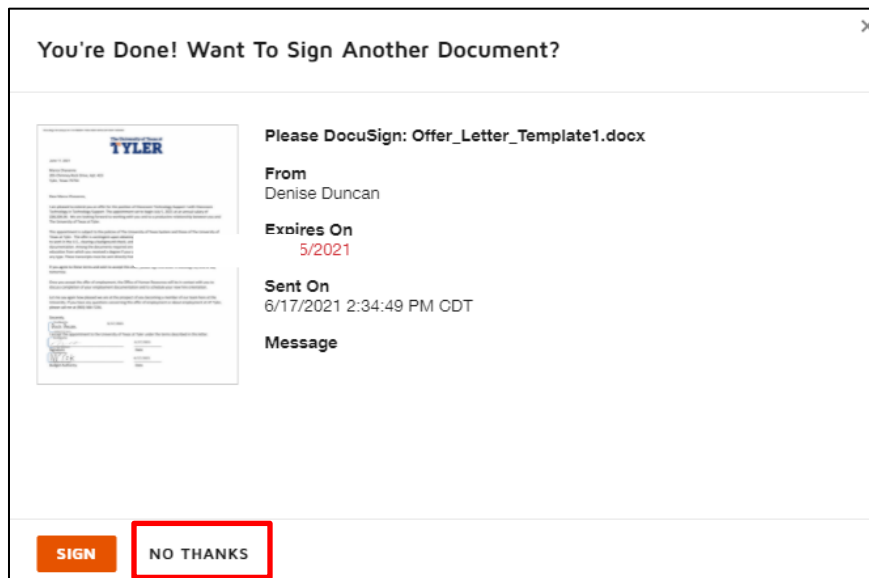
Click **Start** and fill out all information on the form.

**START**

Once all information is completed, Click **Finish**.

**FINISH**

Select **NO THANKS** and close the Tab.



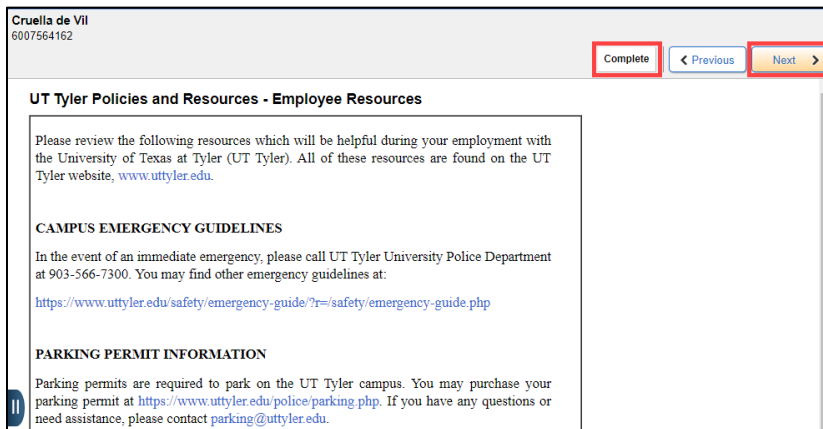
Once you have completed the form, check the box to acknowledge and click **Save**.

I acknowledge that I have completed the Prior State Service form.

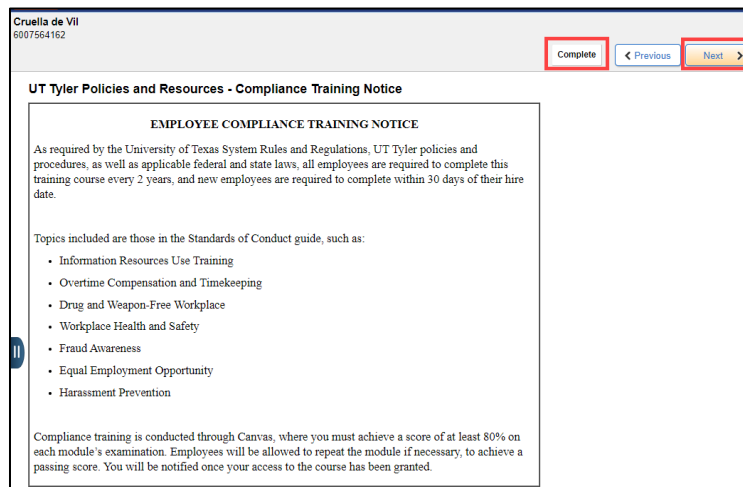
Click **Next** to navigate to the next page.



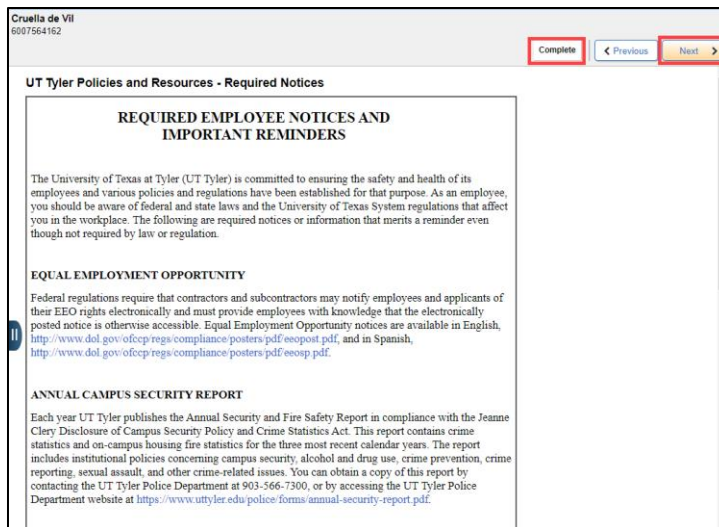
**22. Review the Employee Resources page.** Click **Complete** in the upper-right hand corner and click **Next** to proceed to the next page.



**23. Review the Compliance Training Notice.** Click **Complete** in the upper-right hand corner and click **Next** to proceed to the next page.



**24. Review the Required Employee Notices and Important Reminders.** Click **Complete** in the upper-right hand corner and click **Next** to proceed to the next page.



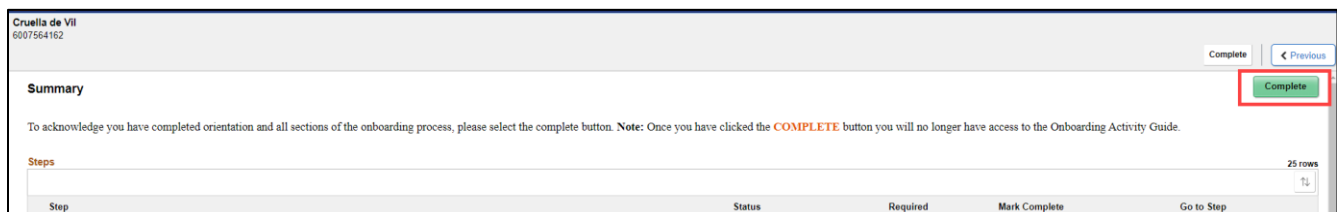
## Summary

The last screen is the Summary page. This will show you the status of each step in the onboarding guide.

If you need to go back to a specific section, use the **Go to Step** button.

Personal Information	● Visited	No	Mark Complete	Go to Step
Verify Addresses	● Visited	No	Mark Complete	Go to Step
Verify Contact Details	● Visited	No	Mark Complete	Go to Step

Once all sections have been Marked Complete, you have finished your onboarding process. Click the **Complete** button in the upper right-hand corner to submit your onboarding activity guide.



**You will no longer have access to the Onboarding Tile after final submission.**

Please contact your Human Resources office if you need assistance.

Phone: 903-566-7234

Email: [humanresources@uttyler.edu](mailto:humanresources@uttyler.edu)