

Employee Status Requisition Procedures

This form is to be used for the following actions (Please check the applicable action):

- | | |
|---|---|
| <ul style="list-style-type: none"> Employment Salary Adjustment Resignation Leave With Pay Sabbatical Leave Termination Change of Title Opening Position Overload Additional Duties | <ul style="list-style-type: none"> Continuation of Employment Transfer Retirement Leave Without Pay Non-Renewal of Contract Change of Salary Funding Source(s) Change of Employment Codes Change of Dates of Employment One-Time Stipend Amendment to Initial Requisition |
|---|---|

Complete all applicable sections for the action you are requesting. This form must be routed to those individuals listed for signatures of approval (in the order listed). After the requisition form has received Presidential approval, copies of same will be sent to all individuals signing for approval.

In preparing this form, please make note of the information below. According to the University's insurance carrier, to be eligible for coverage, an employee **must** ~~WZWDWS (eWTW)~~ ,

G [HHS] [BS] [V]

Health Insurance - The University's medical insurance rates will be based on current premiums available in the Human Resources Benefits Office. Employment rate under 75% FTE are not eligible for health and life benefits.

Life Insurance - Annual salary x 2 = Life amount (rounded up).

Long Term Disability - 180 day elimination period.

Workers Compensation Insurance - On the job injuries must be reported by the supervisor.

Oklahoma Teachers Retirement - Under 50% time are not eligible. Adjuncts, Graduate Assistants, Temporary and Seasonal employees are not eligible. Adjuncts who are active Oklahoma Teachers Retirement members with their primary employer will pay an OTR contribution on their adjunct salary through a payroll deduction. The exception would be member whose earnings plus employer paid total benefits total \$40,000.00 or more. All adjuncts must complete a Langston University Teachers Retirement Option Form, which can be obtained in the Benefits office.

Ms. Mrs. Mr. Dr.
NAME: _____
EY #: ____ / ____ / ____ BIRTHDATE: ____ / ____ / ____ DEGREES HELD: _____
JOB TITLE: _____

Opening A Position

(For Posting and Advertising)

Title of position: _____

Replacement [] Yes [] No

Addition Yes [] No []

Who is being replaced? _____

Reasons for addition: _____

Education Requirements

_____ High School

_____ Doctorate Degree

_____ Bachelor's Degree

_____ Other _____

_____ Masters Degree

Preferred Area of Education Emphasis:

Nature of Job: _____

Duties and Responsibility: _____

Experience Required: _____

Experience Desired: _____

Describe any special requirements or physical limitations: _____

E&G BUDGET PART I - APPROPRIATED

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

E&G BUDGET PART II- FEDERAL FUNDS

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

AUXILIARY ENTERPRISE FUNDS

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

Account No: _____
 Amount: \$ _____

Account Name: _____
 Dates of Funding: From _____ to _____

Approved By:

 Department Head Date

 Dean (Academic Affairs) Date

 Vice President Date

 Comptroller Date

 Vice President (Fiscal and Administrative Affairs) Date

 Human Resources Date

 President Date

This column should be used for overload and transfer signatures. Signatures below are needed for overloads if overload assignment is not in the same department and division as the employee's regular assignment.

If for transfer, signatures from the department the employee is leaving (if different from receiving, department).

 Department Date

 Dean (Academic Affairs) Date

 Vice President Date