

# Employee Status Requisition Procedures

This form is to be used for the following actions:

Employment	Continuation of Employment
Salary Adjustment	Transfer
Resignation	Retirement
Leave With Pay	Leave Without Pay
Sabbatical Leave	Non-Renewal of Contract
Termination	Change of Salary Funding
Change of Title	Change of Employment Codes
Opening Positions	Change of Dates of Employment

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 the following offices: Department Head, Division Director, Dean (for Academic Affairs only), Vice President, Accounting Office/Payroll, Human Resources.

In preparing this form please make note of the following information. According to the University's insurance carrier, to be eligible for coverage, an employee **must** meet the criteria listed below:

## **UNIVERSITY PAID**

**Health Insurance**—Under 75% FTE are not eligible for health and life coverage. (Employees appointed for less than six consecutive months will be considered temporary employees and will not be eligible for coverage.)

**Life Insurance**—Annual Salary X 2 = Life Amount (Rounded Up)

**Short-Term Disability**—First 180 Days

**Long-Term Disability**—180 elimination period

**Social Security Match**

**Unemployment Insurance**

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

Oklahoma Teacher's Retirement—Under 50% time are not eligible. Adjuncts, Temporary and Seasonal 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 members whose earnings plus employer paid benefits total \$40,000.00 or more. All Adjuncts must complete a Langston University Teacher's Retirement Option Form, which can be obtained in the Benefits Office.

Ms.     Mrs.     Mr.     Dr.

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      DEGREES HELD: \_\_\_\_\_

JOB TITLE \_\_\_\_\_

EMPLOYEMENT CODE	TYPES OF ACTION	
<input type="checkbox"/> 1-Professional Staff Overtime Exempt  <input type="checkbox"/> 2-Classified Staff Overtime Eligible  <input type="checkbox"/> 3-Faculty Overtime Exempt  <input type="checkbox"/> 4-Summer Program Employee  <b>Rank:</b> <input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Instructor <input type="checkbox"/> Adjunct Instructor <input type="checkbox"/> Graduate Assistant	<input type="checkbox"/> Return from Leave Without Pay Date returned: ____/____/____ <input type="checkbox"/> Employment <input type="checkbox"/> Continuation of Employment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation Effective Date: ____/____/____ <input type="checkbox"/> Retirement <input type="checkbox"/> Leave With/Without Pay Effective Date: ____/____/____ <input type="checkbox"/> Sabbatical Leave (Attach Form) Effective Date ____/____/____ <input type="checkbox"/> Non-Renewal of Contract Effective Date: ____/____/____ <input type="checkbox"/> Termination Effective Date: ____/____/____  <b>CHANGES IN:</b> <input type="checkbox"/> Salary Funding <input type="checkbox"/> Job Title  <input type="checkbox"/> Employment Code <input type="checkbox"/> Dates of Employment	<input type="checkbox"/> Permanent  <input type="checkbox"/> Acting  <input type="checkbox"/> Temporary  <input type="checkbox"/> Interim  <input type="checkbox"/> Tenure Track  <input type="checkbox"/> Non Tenure Track  <input type="checkbox"/> US Citizen  <input type="checkbox"/> Visa Type  <input type="checkbox"/> Date authorized to work

FTE PERCENTAGE:	LENGTH OF EMPLOYMENT	
<input type="checkbox"/> Full-Time at 100% FTE  <input type="checkbox"/> Part-Time at ____% FTE  <b>FOR ADJUNCT INSTRUCTORS ONLY:</b>  Number of Credit Hours: ____ Cr. Hrs.  <input type="checkbox"/> Fall <input type="checkbox"/> Spring  <input type="checkbox"/> Summer	<input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months  <input type="checkbox"/> 11Months <input type="checkbox"/> 12 Months  <input type="checkbox"/> Other ____Months  <b>TOTAL SALARY/WAGES TO BE PAID:</b>  \$____per hour    \$____per month  \$____Annual    \$____Term: (Adjunct or Summer Programs)  With Benefits ____    Without Benefits ____	Job Title: _____  Campus Address & Telephone Number  Address: _____ _____  Telephone: (    ) _____

**DATES OF EMPLOYMENT**

From: \_\_\_\_\_, 20\_\_\_\_ To: \_\_\_\_\_, 20\_\_\_\_

**NUMBER OF PAYROLL WARRANTS FOR ISSUE (PAYROLL OFFICE USE ONLY):**  
Standard:  12  
Special:  11    10    other\_\_\_\_\_

**HUMAN RESOURCES OFFICE USE ONLY**

Annual Hours Accrued \_\_\_\_ Medical Hours Accrued per Month \_\_\_\_ I-9 Complete \_\_\_\_

Department Number \_\_\_\_\_ Position Number being replaced \_\_\_\_\_ Position Number \_\_\_\_\_

**ADJUNCT ONLY**

Current Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

List all Courses to be taught by the adjunct

Courses	Credit Hrs	List any and all other recommended responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Opening A Position

*(For Posting and Advertising)*

Title of position: \_\_\_\_\_

Replacement [ ] Yes [ ] No

Addition [ ] Yes [ ] No

Who is being replaced? \_\_\_\_\_

Reason for addition \_\_\_\_\_

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## Education Requirements

\_\_\_\_\_ High School

\_\_\_\_\_ Doctorate Degree

\_\_\_\_\_ Bachelor's Degree

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Master's Degree

Preferred Areas of Education Emphasis:

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Experience Required: \_\_\_\_\_

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Experience Desired: \_\_\_\_\_

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Describe any special requirements or physical limitations: \_\_\_\_\_

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Nature of Job: \_\_\_\_\_

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Duties and Responsibility:

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**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**

\_\_\_\_\_  
**Accounting Office**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Human Resources**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Date**