

Employee Status Requisition Procedures

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

- | | |
|---|---|
| <input type="checkbox"/> Employment
<input type="checkbox"/> Salary Adjustment
<input type="checkbox"/> Resignation
<input type="checkbox"/> Leave With Pay
<input type="checkbox"/> Sabbatical Leave
<input type="checkbox"/> Termination
<input type="checkbox"/> Change of Title
<input type="checkbox"/> Opening Position
<input type="checkbox"/> Overload
<input type="checkbox"/> Additional Duties | <input type="checkbox"/> Continuation of Employment
<input type="checkbox"/> Transfer
<input type="checkbox"/> Retirement
<input type="checkbox"/> Leave Without Pay
<input type="checkbox"/> Non-Renewal of Contract
<input type="checkbox"/> Change of Salary Funding Source(s)
<input type="checkbox"/> Change of Employment Codes
<input type="checkbox"/> Change of Dates of Employment
<input type="checkbox"/> One-Time Stipend
<input type="checkbox"/> 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** meet the criteria listed below:

University Paid

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.

<input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/> Mr. <input type="radio"/> Dr.
NAME: _____
CWID: ____ / ____ / ____ BIRTHDATE: ____ / ____ / ____ DEGREES HELD: _____
JOB TITLE: _____

EMPLOYMENT CODES	TYPES OF ACTION	TYPES OF ACTION cont.
<input type="checkbox"/> 1- Staff Overtime Exempt <input type="checkbox"/> 2- Staff Overtime Eligible <input type="checkbox"/> 3- Faculty Overtime Exempt <input type="checkbox"/> 4- Summer Program Employee Rank: <input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Professor' <input type="checkbox"/> Instructor <input type="checkbox"/> Adjunct Instructor CHANGES IN: <input type="checkbox"/> Salary Funding <input type="checkbox"/> Employment Code <input type="checkbox"/> Dates of Employment <input type="checkbox"/> Job Title _____ <div style="text-align: center; margin-left: 100px;"><small>Recommended Title</small></div>	<input type="checkbox"/> Employment From: _____, 20 ____ To: _____, 20 ____ <input type="checkbox"/> Continuation of Employment From: _____, 20 ____ To: _____, 20 ____ <input type="checkbox"/> Salary Adjustment Effective Date: ____/____/____ <input type="checkbox"/> Transfer Effective Date: ____/____/____ <input type="checkbox"/> Resignation Effective Date: ____/____/____ <input type="checkbox"/> Retirement Effective Date: ____/____/____ <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: ____/____/____ <input type="checkbox"/> Return from Leave Without Pay Date Returned: ____/____/____	<input type="checkbox"/> Overload From: _____ To: _____ <input type="checkbox"/> Additional Duties From: _____ To: _____ <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"/> Tenured <input type="checkbox"/> US Citizen <input type="checkbox"/> Visa Type _____ <input type="checkbox"/> Date authorized to work _____

FTE PERCENTAGES: <input type="checkbox"/> Full- Time at 100% FTE <input type="checkbox"/> Part Time at _____ % FTE FOR ADJUNCTS INSTRUCTORS ONLY: Number of Credit Hours: _____ Cr. Hrs. <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Intersession	TOTAL SALARY/ WAGES TO BE PAID: <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Other _____ Months (summer programs, Adjuncts, stipends, etc.) \$ _____ per hour \$ _____ per month \$ _____ Annual \$ _____ Term: (Adjunct, Stipend or Summer Programs) \$ _____ Current Salary If for Salary Adjustment With Benefits <input type="checkbox"/> Without Benefits <input type="checkbox"/>	Campus Address & Telephone Number Address: _____ Room # _____ Bldg Name _____ Telephone: () _____ LU/Langston <input type="checkbox"/> LU/Tulsa <input type="checkbox"/> LU/OKC <input type="checkbox"/> LU/Tinker <input type="checkbox"/> Other _____ (Specify)
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ADJUNCT ONLY			
Current Employer _____	Supervisor _____		
List all courses to be taught by the adjunct: Courses (Title & Number)	Enrollment/ Credit Hours	Time Class Meets	Number of students enrolled _____ 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? _____

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

1 - Transaction type. Check only one transaction type. All applicable sections must be completed.

<input type="checkbox"/> Create a new position.	
<input type="checkbox"/> Fill a vacant position	Name of previous incumbent: _____ How long has this position has been vacant: _____
<input type="checkbox"/> Promotion	If yes, indicate current position: _____
<input type="checkbox"/> Reclassification (<input type="checkbox"/> Vacant <input type="checkbox"/> Incumbent). Name: _____	CWID: _____
<input type="checkbox"/> Reappointment / Reinstatement Name: _____	CWID: _____

2 - Position Information.

Position Title: _____	Department: _____
Position Description: _____	
Rate of Pay/ Salary: _____	Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

3 - Budget Information.

Budgeted: <input type="checkbox"/> Y <input type="checkbox"/> N	Type: <input type="checkbox"/> 9mo <input type="checkbox"/> 12mo Other _____	Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Department	Campus	%FTE	Departmental Account Number
Fill in anticipated annual cost. Is the anticipated salary cost in excess of previously budgeted amount? <input type="checkbox"/>Yes <input type="checkbox"/>No			
Current position costs: Salary \$ _____			
Anticipated position costs: Salary \$ _____			

4 - REQUIRED - Justification. Check all appropriate reasons.

Critical to public safety. Critical to continuation of operations and/or University mission).

Critical to protection of public property.

Justification of critical need(s) checked above. Please include the following:
 How will the department's mission be affected should this position remain vacant? What non-hiring alternatives have been examined? Required explanation of source for any increase in salary request. (Attach additional page(s) as necessary)

5 - REQUIRED Signatures.

	Date	Phone number
Position Supervisor:		
Department Head:		
Dean:		
Vice President:		
President:		