
Business Continuity Plan – Infrastructure (Support Services)



*A companion document for the UTHealth Houston Emergency Management Plan
March 2025*

Introduction

The University of Texas Health Science Center at Houston (UTHealth Houston) may encounter a variety of emergency situations. Depending on its severity, an emergency can drastically impact the institution's ability to fulfill its stated missions. To minimize both the frequency and severity of emergency situations on the institution, UTHealth Houston maintains a proactive environmental health and safety program that works to prevent the occurrence of emergency events, and to mitigate the extent of any emergencies that might arise.

Based upon the experience with Tropical Storm Allison, 30 days post event is the most critical timeframe with regard to immediate recovery decisions, resource procurement, and the establishment of temporary means and locations of essential functions. The UTHealth Houston Business Continuity Plan (BCP) is intended to describe actions and decision-making capabilities for that time frame by suggesting enhanced pre-event strategies to reduce or eliminate the impacts of emergencies at the local operational level. This process is ongoing within the clinical, educational, and research mission areas with the assistance of Environmental Health and Safety. This element of the BCP is intended to provide a guide to essential institutional infrastructure services for the UTHealth Houston community in the event normal operations are curtailed due to the occurrence of an event.

Much like the mission areas, the departments providing essential infrastructure services have also completed their business continuity worksheets. A sample of the worksheet template is contained in Appendix II. In the pages that follow, the information gathered from the infrastructure worksheets have been compiled in order to address the following basic needs:

- Information / communication
 - Facility availability / access
 - Information system availability
 - Operations status
- Acquisition and payment for goods and services
- Collection / deposit of proceeds
- Payment of employees
- Billing for services
- Auxiliary Services (student housing, transportation, parking)

In addition to this Business Continuity Plan, UTHealth Houston has also prepared the following:

1. Emergency Management Plan (EMP) that details the steps to be taken in the event of an emergency.

It specifically covers the:

- a. Pre-event stage or time prior to an event. During this time education, training and preparation of the institutional community take place in order to prevent or minimize the impacts of any emergency situation.
 - b. The event or actual emergency.
 - c. The response stage that includes the immediate response which may include evacuation, incident reporting and/or personnel rescue.
 - d. The assessment, mitigation and debris removal stage.
2. Information Technology (IT) Disaster Recovery Plan (DRP) defines the information systems covered, the operational assumptions, and the disaster recovery procedures for about 30 critical systems to include:
- a. PeopleSoft Financial Management System (FMS)
 - b. COUPA – Procurement System
 - c. PeopleSoft Human Resource Management System (HRMS)
 - d. Epic- an integrated Electronic Health Record (EHR) and Rev Cycle System.
 - e. Canvas – Learning Management System.

These critical systems are either outsourced to an Application Service Provider (ASP) with a contracted DR strategy, replicated to one of UTHHealth Houston’s secondary datacenters (e.g. Guhn Rd or Arlington), or a backup of the data is taken offsite with a plan to rebuild the system in the event of a disaster. The Recovery Time Objective (RTO) for these systems is under 48 hours, while the Recovery Point Objective (RPO) varies from minutes to hours. Systems outside of this category of critical systems have varying Disaster Recovery Plans’ RTO and RPO with some systems requiring a rebuild that may take up to 30 days to be fully restored. It is also important to note that even for critical systems the RTO and RPO are targets that can be beat, or missed, depending on the circumstances of the incident from which we need to recover. Some incidents that are caused by cyber attacks, such as ransomware, might introduce contingencies that could prolong the recovery process.

The Emergency Management Plan (EMP), the IT Disaster Recovery Plan, and the BCP provide a comprehensive guide for operating in a period leading up to and for 30 days after an event. Although each plan is designed to address specific purposes, there is a redundancy tying the plans together and the plans do overlap each other in time.

Importance of Community Education for Business Continuity

The first step in ensuring business continuity in the event of an emergency is ensuring that all students and employees are educated about the importance of being prepared at home. Any institutional preparations are essentially useless if the individuals who make the processes happen are pre-occupied with issues at home. Supervisors and instructors should encourage their employees and students to make home “all hazards” preparations for emergency situations, to ensure care for family and pets during any type of emergency. Included in these preparations should be supervisor or entity contact information so that notifications can be provided if unable to report to work or class. Essential employees who have been identified by their supervisors as critical to the continued operation of the unit are expected to have preparations in place for their families and pets so that they can fulfill their work obligations. It is also important to understand that UTHealth Houston is not a place of refuge for family and pets in emergency situations, hence the increased need for at home preparations.

Students and employees are responsible for knowing how to access information about the UTHealth Houston’s status of being open or in a restricted access situation. Students and employees must understand that if the institution is open, but they are unable to arrive to their class or workplace for whatever reason, the entity supervisor must be notified and the appropriate type of leave time must be utilized.

Students and employees must understand that in situations where the institution is in a condition of ‘controlled access’, only those individuals absolutely needing access to university buildings will be allowed. Examples of such essential persons would include animal care workers and facilities support personnel. In situations where the institution is closed (e.g. government mandated evacuation), necessary building closure procedures will be instituted and upon completion no building access will be permitted. Any ‘controlled’ access or closing of buildings would be authorized by executive leadership per the Emergency Management Plan.

Information / Communication

During the period governed by the EMP, information/communication will be driven by the UTHealth Houston Executive Team, which retains the authority to suspend operations.

Based on the EMP, UTHealth Houston employees, in an emergency situation, may receive information about the institution’s official status by any of the following means:

- University-issued email
- The university’s intranet, [Inside UTHealth Houston](#)
- [UTHealth Houston Emergency website](#)
- UTHealth Houston social media accounts:

- [Facebook](#)
 - [X](#)
 - [Instagram](#)
 - [LinkedIn](#)
- The emergency information phone lines: 713-500-9996 and 866-237-0107.
 - UTHealth Houston Behavioral Sciences Campus employees should call 713-741-5001.

If operations must be suspended during normal business hours (8 a.m. to 5 p.m., Monday through Friday) the UTHealth Houston Executive Team will request that the UTHealth Houston Office of Public Affairs teams notify all Level 4 Essential and Advisory personnel and administrative department heads.

For the 30 days subsequent to an event, the primary method for conveying campus information will be [UTHealthHoustonEmergency.org](#). The website will provide information regarding the status of the institution, including information about any specific facilities, information systems, and operations that may be impacted.

This information will be updated frequently and routinely as new information or changes in information are obtained, by the Office of Public Affairs (OPA) Communication team after receiving a status report from pre-defined facility coordinators. The facility coordinator's response is based on input from UT Police, Facilities, and Environmental Health and Safety representatives. A shared facility/operations communication template is included in Appendix II.

Information system updates will be communicated on the university's [intranet](#) and on [UTHealthHoustonEmergency.org](#). The update will be provided to the OPA Communication Team by Information Technology's Disaster Recovery Team.

Operational status will be indicated for the institution, including any pertinent information impacting each of the schools, UTHealth Houston Behavioral Sciences Campus, UT Physicians Clinics, and Administration. Any closures during the business continuity phase will be unique to the operational entity. This update will be provided, daily, to the OPA Communication Team by the Executive Team.

The facility status will be reflected on a campus map with University buildings color-coded. This information would be updated, minimally, on a daily basis by the Office of Public Affairs (OPA) Communication team after receiving a status report from pre-defined facility coordinators. The facility coordinator's response is based upon input from UT Police, Facilities, and Environmental Health and Safety representatives. A shared facility / operations communication template is included in Appendix II.

Information system updates will be communicated by the OPA's Communication Team on a daily basis. It will be communicated on the university's intranet and the internet, primarily on [uthealthemergency.org](#). The update will be provided to the OPA Communication Team by Information Technology's Disaster Recovery

Team. Details surrounding the individual systems impacted will be provided in the event of a yellow or red status. Information systems will be grouped based upon the following categories:

- Campus Infrastructure
- Clinical Systems
- Academic Systems
- Administrative Systems
- Collaborative Technology

Operational status, independent of facility availability, will be indicated for each of the schools, HCPC, UT Physicians Clinics, and Administration. Any closures during the business continuity phase will be unique to the operational entity. This update will be provided, daily, to the OPA Communication Team by operational leadership. Any change contrary to normal operations will be reflected by a yellow or red status with specific information related to that operational entity provided via web link.

Necessary Institutional Infrastructure and Services

The following eleven institutional infrastructures and services are considered to be essential to maintenance of an environment which can support efforts to maintain business continuity in the period 30 days after an event:

1. UT Police

Building access controls – locks, doors, security
Controlling community unrest
Crowd control

2. Facilities

Building integrity – roofs, walls, windows, doors
Building power – electrical, water, ventilation systems
Debris removal

3. Information Technology/Communications

Information technology – phones, Internet communications, data preservation, business information systems

4. Office of Public Affairs Communications Team

Sources of communications – ability to transmit key decisions and information to the institutional community

5. Environmental Health & Safety and Risk Management

Sanitation and health – the ability to determine if the work environment represents a potentially unsafe condition

Hazardous wastes – the ability to remove and manage any hazardous wastes

Insurance loss assessments – notifications and assessments by insurers

6. Center for Laboratory Animal Medicine and Care

Animal care – the uninterrupted support and care of research animals

7. Financial

The ability to purchase goods (procurement), bill for services (contracts, grants), manage cash, and manage capital assets

8. Human Resources / Payroll

Personnel policy – make decisions regarding return to work issues, hiring and separation of employees, maintain payroll (including time-keeping).

9. Medical billing

The ability to charge and collect for services rendered

10. Registrar's Office

Tracking of courses and grades for fulfillment of academic requirements

Ability to process new applicants

11. Auxiliary Enterprises

Student & Business Services – Cooley Center, Copy Services, Jesse Jones Library, Mail Services, Parking Services, Recreation Center, Shuttle Services, Bookstores, Dining & Catering, Housing, Travel & Mobility, UT Professional Building.

Business continuity worksheets have been completed for each of the institutional infrastructure units. In some cases, such as Informational Technology and UT Police, very detailed plans exist within the units. The operational entity level will rely on the listed institutional infrastructure systems as services to continue operations.

During the business continuity period, UT Police, Environmental Health and Safety, and Facilities will be working with the operational leadership to insure a safe working environment.

The process to initiate personnel, financial, and medical billing transactions will largely be dictated by the status of the information technology infrastructure. While the supporting systems (PeopleSoft FMS & HRMS, COUPA and EPIC) should be operational under the IT Disaster Recovery Plan within 48 hours, access to the information systems will only be available to a limited number of users within central processing. In the absence of institution-wide information system access, the tables following on pages 8-12 provide an overview of the processes related to procurement, capital asset management, cash management, human resources/payroll, and Auxiliary Enterprises parking. Process flows for these support services are included in Appendix I. The manual forms associated with the processes are included in Appendix III.

**Business Continuity Plan
Functional Process – Disaster Recovery Mode
Procurement**

Process Function	Process Steps	Affected Systems and Impact	Forms
Procurement Services Emergency Operational Instructions (See flowchart, Appendix I, Page 2)			
Place Order	User completes paper requisition form	FMS unavailable to end user	POS/Order Request Form (Appendix III Page 17)
BuyCard Transaction	Attach receipt to requisition form		
	Place in Emergency file		
Communications Available	Attach quotes to requisition for send to Published Procurement Fax/Email	Email/phone service available	
	Procurement places order		
	Attach packing list to requisition and place in Emergency file		
BuyCard / Communications not available	Procurement places order with supplier	Email/phone service unavailable	
	Send quotes, packing list & requisition to AP location for payment		
	Place copies in Emergency file		
Payment request for Non-PO invoices	Forward Non-PO voucher and invoices to Accounts Payable		Non-PO Voucher Request Form (Appendix III Page 14)

Capital Asset Management

Process Function	Process Steps	Affected Systems and Impact	Needed Forms
Inventory, Photograph, and Secure Damaged Assets (See flowchart, Appendix I, Page 3)			
Obtain applicable inventory list	Retrieve inventories through FMS	Limited FMS Asset Management module availability	
	Retrieve last printed inventories from OCB	If FMS is unavailable	
	Handwrite inventory list at location if OCB is not accessible		
Take inventory	Secure access to area		
	Video, photograph, scan equipment at site		Complete Missing, Damaged, or Stolen Property Report Form (Appendix III, Page 13)
Relocate equipment	ID authorized personnel to move property		
	Move equipment to OCB or other storage facility		
File and update inventory	Scan tagged equipment	Limited FMS Asset Management module availability	
	Complete removal forms and/or file and update		Complete Temporary Removal of Equipment Form (Appendix III Page 20)

Cash Management

Process Function	Process Steps	Affected Systems and Impact	Needed Forms
Cash Inflows Process (See flowchart, Appendix I, Page 4)			
Receipt of funds	Collection points identified and communicated	Limited FMS AR/Billing availability	Check Logs, Tamper-proof bag logs (Appendix III, Pages 10, 19)
	Make money run to various sites		
	Make daily deposit to bank		
Cash Outflows Process (See flowchart, Appendix I, Page 4)			
Petty Cash	Petty Cash / Cash Draw reimbursements needed		Petty Cash form (Appendix III, Page 15)
	Cash provided by Bursar		
	Return receipts to Bursar		
Payroll/Accounts Payable	Replenish the Bursar's fund		Request – Check Cancellation at Bank, ACH Stop Payment / Reversal, Request for Wire Transfer, Electronic Funds Transfer Request (Appendix III, Pages 2, 12, 18)
Electronic Funds Transfer	See Payroll process		

Human Resources

Process Function	Process Steps	Affected Systems and Impact	Needed Forms
New Hire Process (See flowchart, Appendix I, Page 5)			
ID need	Department informs HR of new hire / hiring need and requirements	HRMS and FMS are impaired or down	
	Department works with procurement if not employee		
Required Paperwork	Application, background check, etc of chosen candidate completed		
	Department submits paper PA to SDR		New Hire / Rehire Request (Appendix III, Pages 5-8)
	SDR loads PA into system	Vacant position filled	

Payroll and Benefits

Pay Employee Process (See flowchart, Appendix I, Page 6)			
Summary data file to Payroll	Department collects time sheets for critical exceptions times and enters them on a summary data file	TMS unavailable	Time Report (Appendix III, Page 9)
	Department submits signed summary data file to Payroll		
	Payroll runs loaded data		
Payroll generates employee pay data	Payroll sends file to bank for Direct Deposit		
	Checks are printed and made available at announced site for distribution		
Separate Employees Process (See flowchart, Appendix I, Page 7)			
ID employee to be separated	Department notifies HR of employee and how separated for approval	HRMS and FMS are impaired or down	Termination / LOA Request (Appendix III, Page 3,4)
Enter request form	Request from entered by SDR once approval (if necessary) is received from HR		
Issue final paycheck and vacation payout	Payroll processes for final pay		
	Vacation payout for separated employee is delayed until crisis abates	Vacant position created in department	

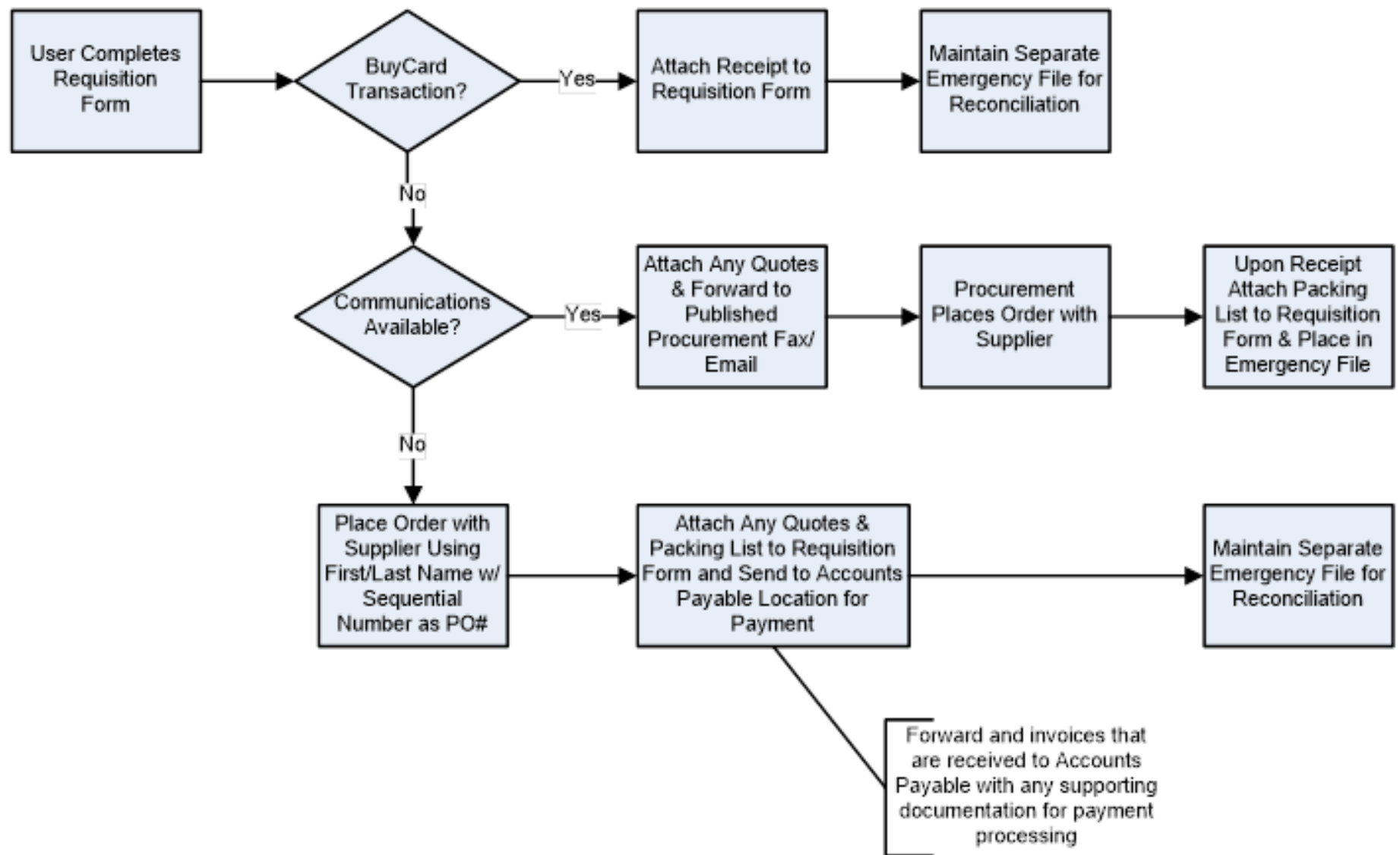
Auxiliary Enterprises Parking

Process Function	Process Steps	Affected Systems and Impact	Needed Forms
Parking Services Operation Process			
Staff availability	Parking made accessible during emergency by Department		
	Manager checks on employee's safety and ability to return to work		
Open parking lots	Managers decide on most critical parking areas		
	OCB, RPC, MSB Loading Dock, & SON entrance/exit gates locked in up positions until emergency is over		
	If UCT, JIL and UPG parking facilities are accessible, parking staff will monitor ingress and egress.		
Payments	Temporary Hang Tags will be required in OCB A & B lots until emergency is over		
	Gate at OCB to annex and loading dock will remain open		
	UCT, JIL and UPG parking garage patrons will be assessed charges at automated equipment or parking offices		
Deposits	Deposits & daily work done remotely	If FMS is available	

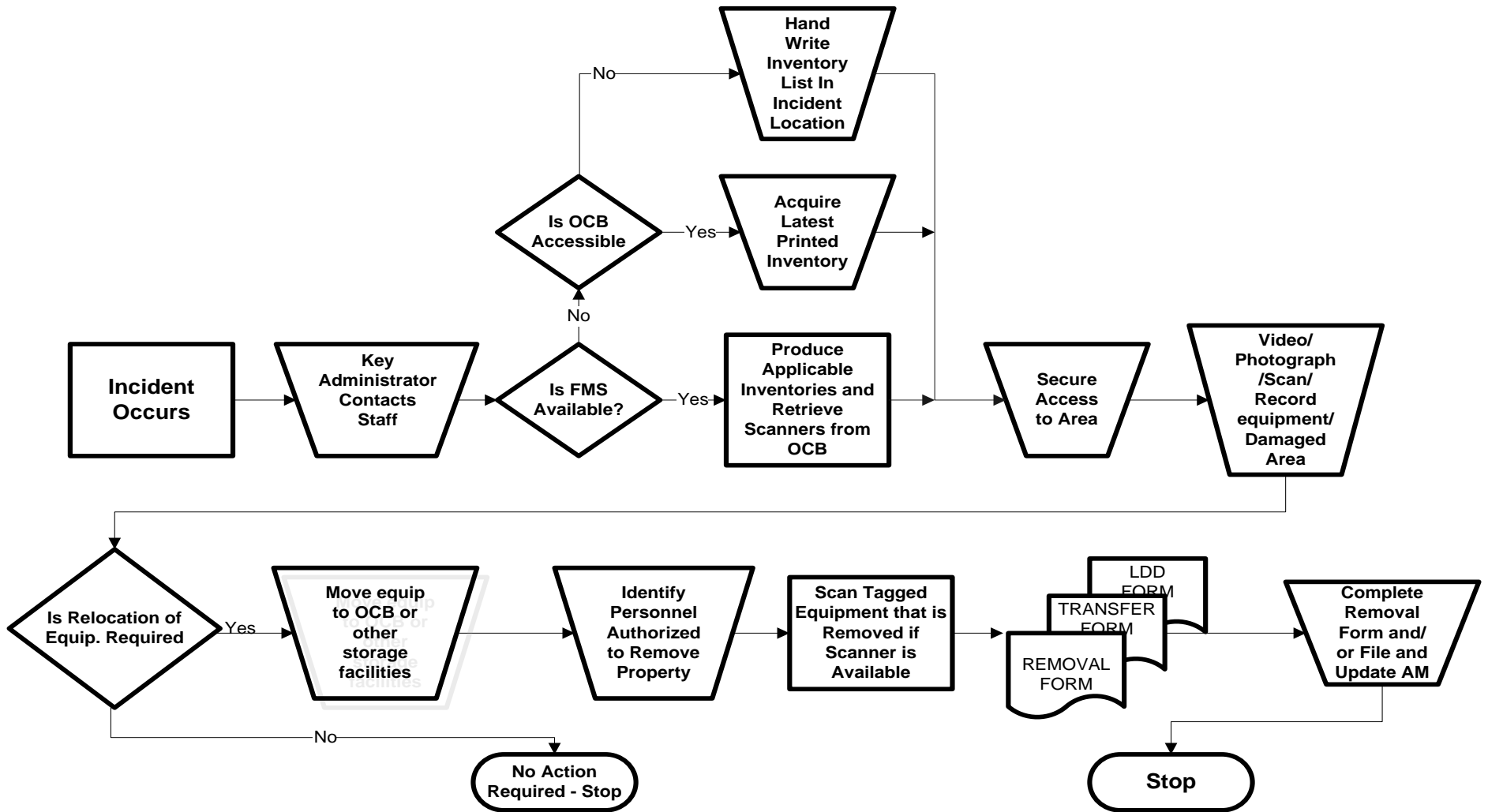
Appendix I

Flow charts

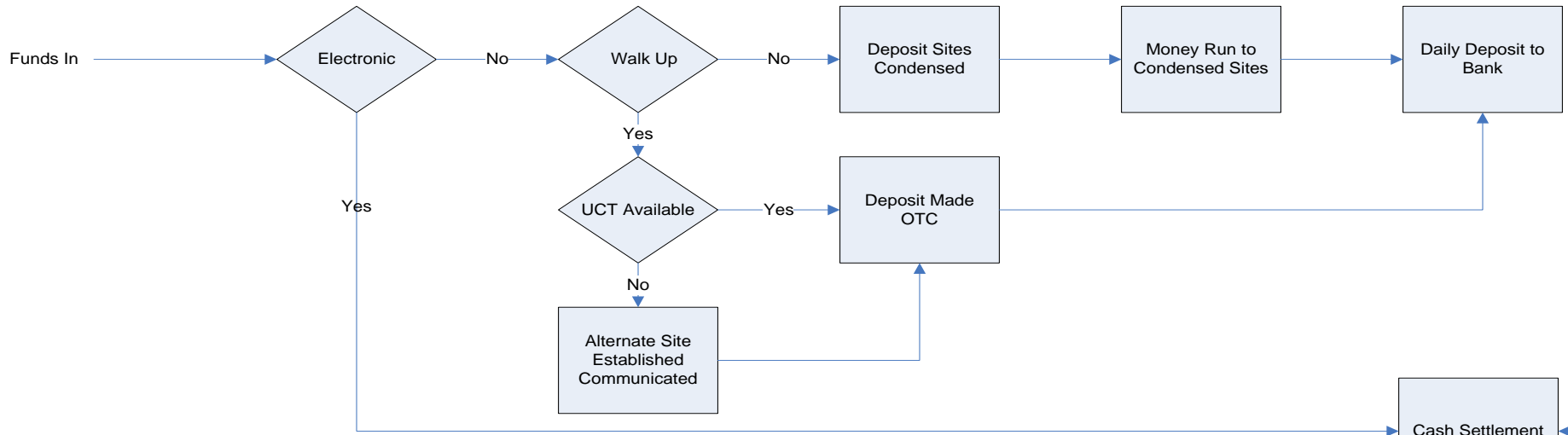
Procurement Services Emergency Operational Instructions



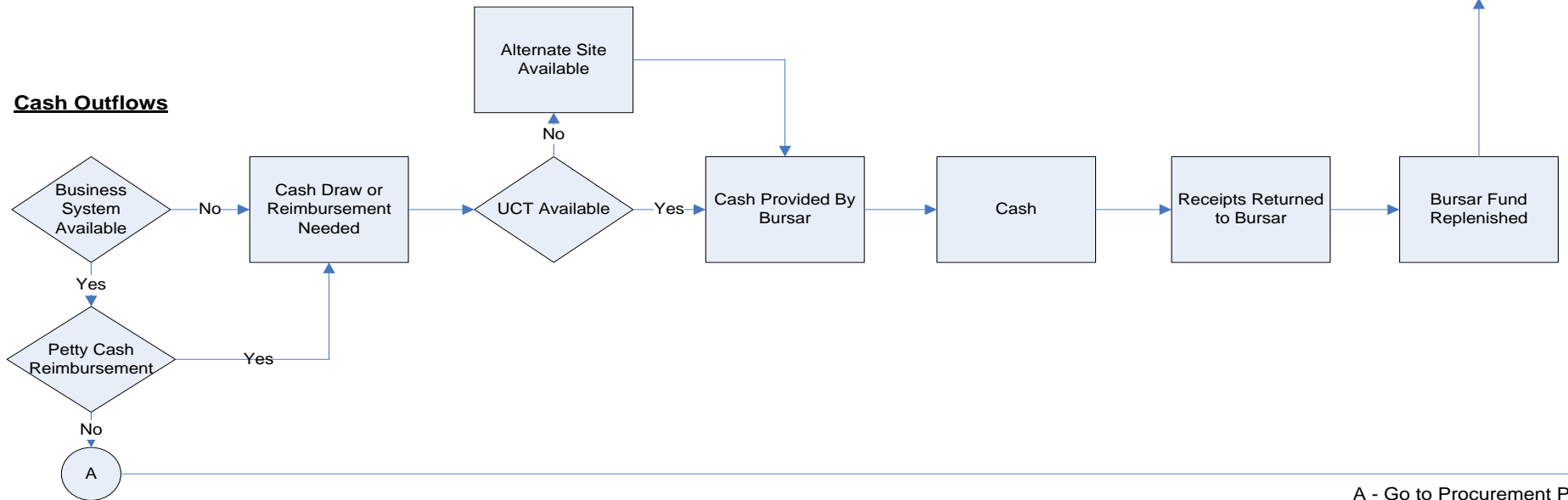
ASSET MANAGEMENT EQUIPMENT CONTINUITY PROCESS



Cash Inflows

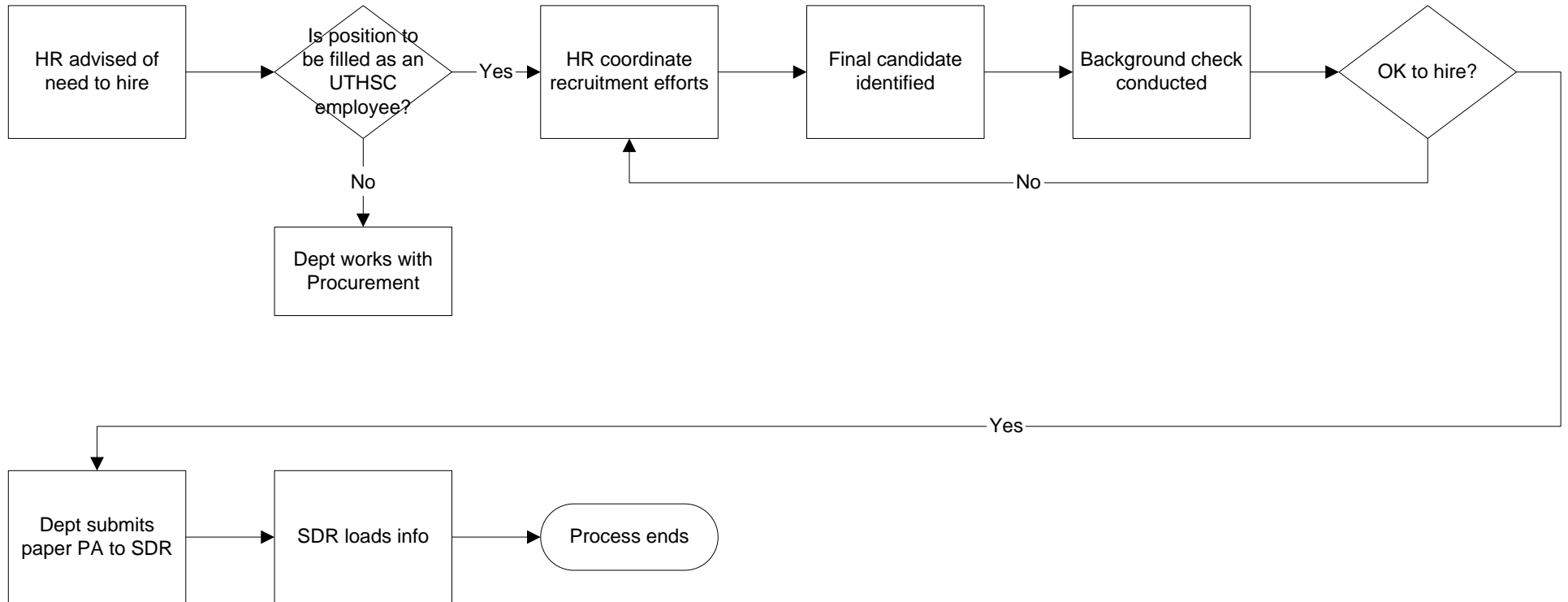


Cash Outflows



A - Go to Procurement Plan

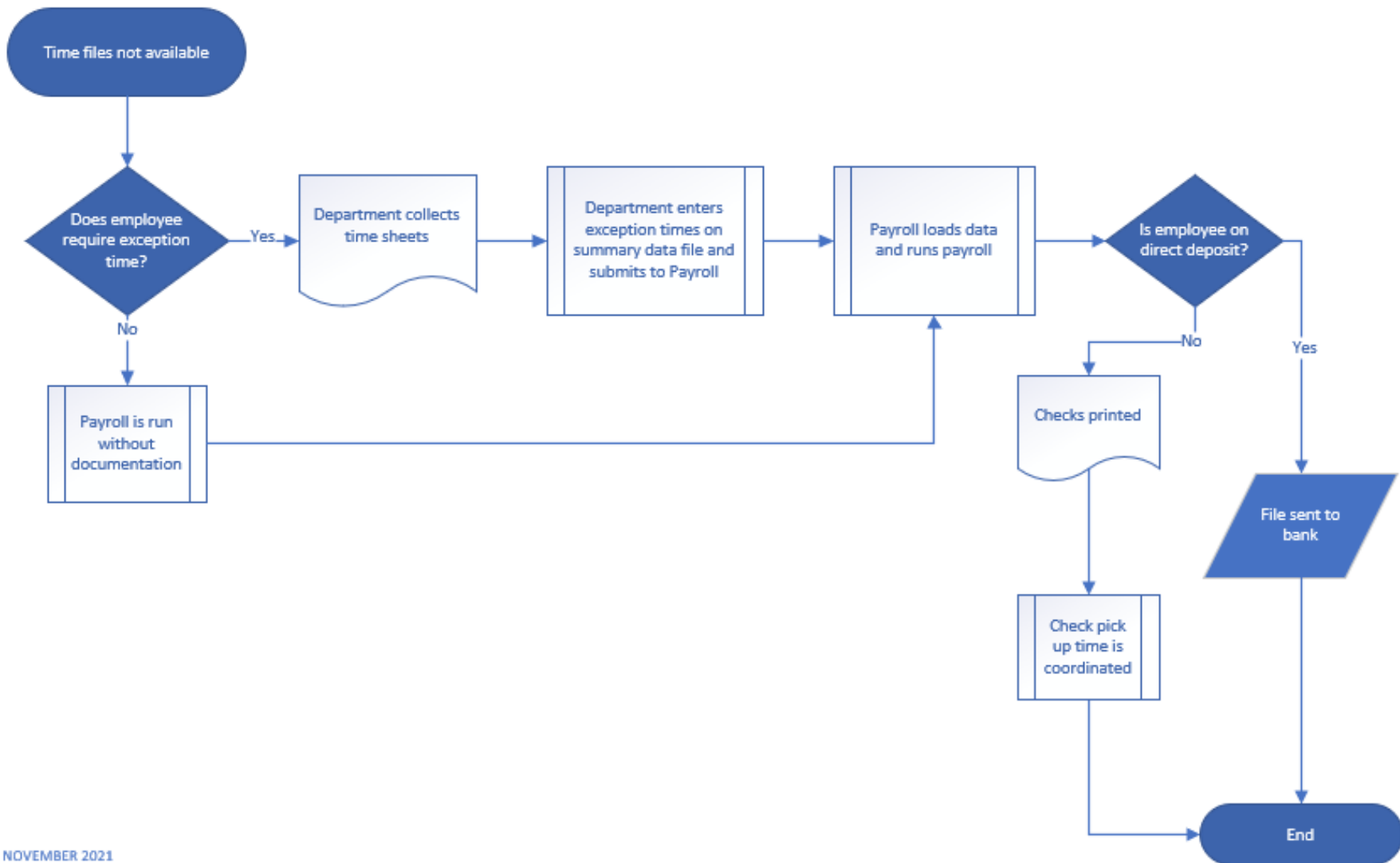
Business Continuity
New Hire Process



Additional Items of Interest

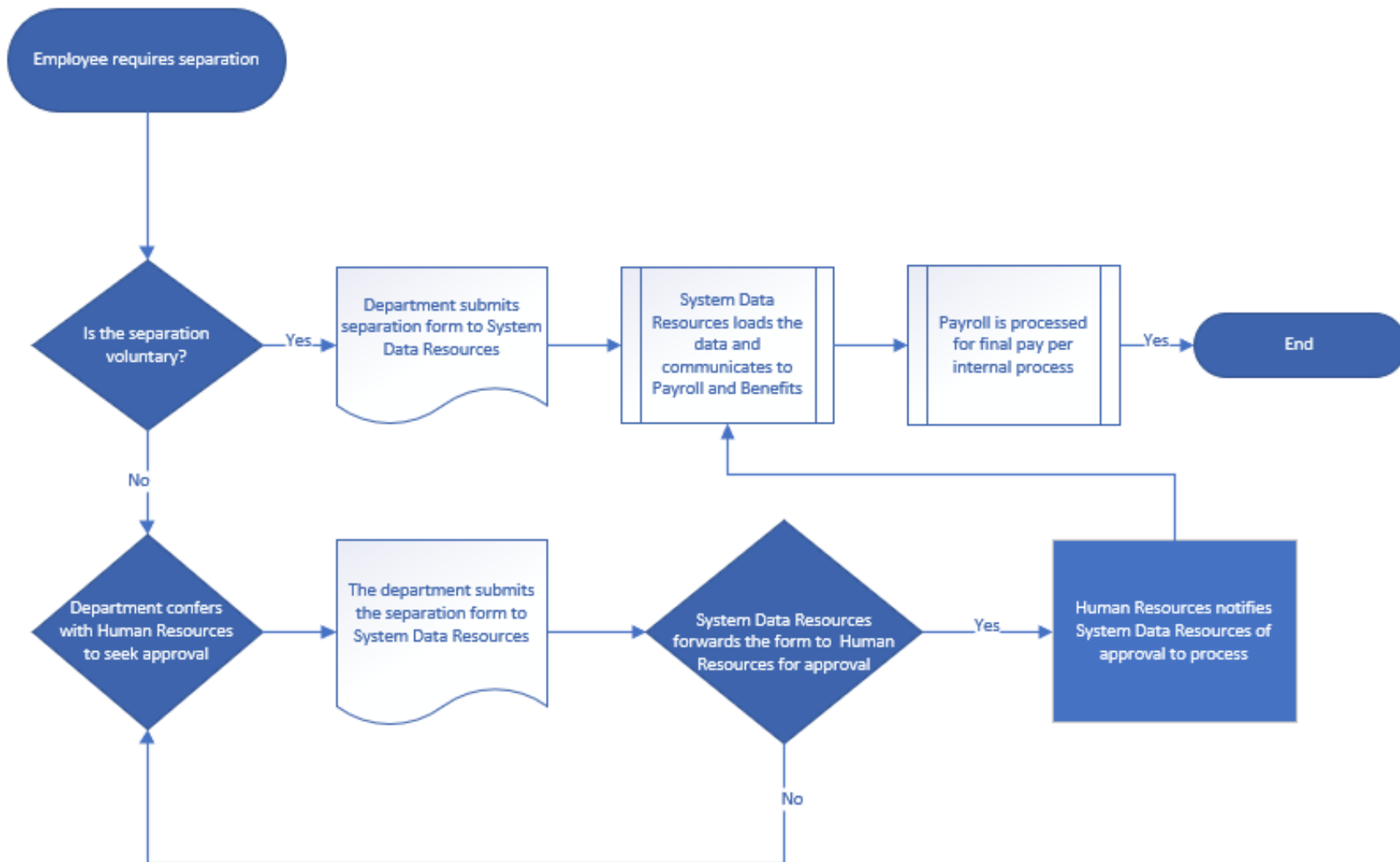
- ID badges
- security of building and property

Business Continuity Plan Pay Employees Process



05 NOVEMBER 2021

Business Continuity Plan Employee Separation Process



05 NOVEMBER 2021

Appendix II

**DISASTER PREPAREDNESS AND BUSINESS
CONTINUITY WORKSHEET**

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**BUILDING ACCESSIBILITY / OPERATIONAL STATUS
WORKSHEET**

Disaster Preparedness and Business Continuity Worksheet

(adapted from www.ready.gov U.S. Department of Homeland Security)

Infrastructure

INFRASTRUCTURE DESCRIPTION

Infrastructure activity _____ Date completed: _____

Name of key administrator for infrastructure activity addressed in this plan:

Senior Management _____ Executive Management _____

Location of unit: Building _____ Room numbers: _____

Name of person completing this worksheet : _____ Phone number: _____

BASIC COMMUNICATIONS

Provide the various ways that subordinates can use to contact the key administrator

Name	Office Number	Home Number	Cell Phone	E-mail

Provide the various means that can be used to contact key infrastructure personnel

Name	Office Number	Home Number	Cell Phone	E-mail

BASIC RISK AWARENESS

Does the key administrator understand that the deductible for the institutional property insurance policy for UTHealth is at least \$250,000, and that certain key exclusions to coverage apply, such as damaged caused by a “named storm”?	Yes	No	N/A
Does the key administrator understand that the supplemental insurance can be purchased for specific pieces of equipment that may be critical to operations?	Yes	No	N/A
Are student, faculty, and staff aware that personal property is not covered by UTHealth property insurance?	Yes	No	N/A
Are any administrative activities carried out in leased space? If yes, verify emergency support measures provided by landlord.	Yes	No	N/A

PROTECTION OF EQUIPMENT AND CRITICAL MATERIALS

Are critical pieces of equipment protected from risks such as theft, water leaks, and/or electrical surges/outages?	Yes	No	
Is temperature or time sensitive equipment equipped with failure alarms?	Yes	No	
If the basic security measures employed are not sufficient to halt malicious acts (e.g. forced entry into office or lab and theft of laptop or equipment) has consideration been given to how information or data might be recovered if lost, such as daily data uploads and back ups?	Yes	No	N/A

PROTECTION OF DATA

Is student, patient, or employee data saved on a network drive so that it is protected by network emergency back ups?	Yes	No
Is any information (data or documents) stored on laptops routinely saved to network drives?	Yes	No
For any information retained locally, does any mechanism exist for its protection or recovery?	Yes	No
Are any locally created data back ups stored in a physically separate location?	Yes	No

PROCUREMENT OF KEY SUPPLIES

Enter the name and contact information of the primary and two back up individuals who are able and authorized to make purchases for necessary supplies in the event of an emergency

Name	Office number	Home number

ASSET DOCUMENTATION AND INSURANCE RECOVERY

Indicate the type of documentation that exists that could be used to facilitate any possible insurance claims in the event of a loss

- receipts
- inventories
- means for tracking loss of business income
- dates photographs or videotapes

Indicate the location of any documents checked: _____

PROCESS DEFINITION / WORKFLOW

Are infrastructure processes driven by the availability of electronic information systems? Yes No

If yes, has the infrastructure activity determined what level of functionality and system access will be available in information systems disaster recovery mode? Yes No

If the process work flow differs from normal operations, please include the modified process work flow in Appendix II. The process workflow(s) should take into consideration limited or non-existent information system availability.

KEY FORMS

Does the infrastructure process utilize electronic forms to facilitate operations? If yes, attach paper forms to be utilized with limited information system availability and with no information system availability – Appendix III Yes No

OTHER SPECIAL CONSIDERATIONS

Please include in the space below any other information that may be useful to facilitate continuity of activities in the event of an emergency

BUILDING ACCESSIBILITY / OPERATIONAL STATUS

Building Name _____

Operating Entity _____

This form is to be completed by the authorized facility/operations coordinator while a facility remains in a yellow or red status and/or operations are impaired. It should be completed based upon feedback from Environmental Health & Safety Services, Facilities Planning & Engineering, and UT Police Department representatives identified below. Depending upon availability of communication tools, the coordinator(s) will either be contacted by the OPA Communication Team or provide the information by one of the methods listed below. Updates should be provided at the hours of 10:00am and 5:00pm daily until green status is attained.

- Phone
 - OPA Communication Team: 713-500-3050 or 713-500-3038.
 - Alternate: 713.500.3030
 - Email OPA Communication Team - Michelle.Ray@uth.tmc.edu or Meredith.Raine@uth.tmc.edu

Site Coordinator(s)

UTPD Phone Email address

Environmental Health & Safety Phone Email address

Facilities Planning & Engineering Phone Email address

Facility Coordinator Work phone Work email address

Fax number Home phone Home email address

Cell phone Pager

Operations Coordinator Work phone Work email address

Fax number Home phone Home email address

Cell phone Pager

Facility Status:

- | | | |
|--------------------------|---------------------------------|-------------------------|
| Open (fully operational) | <input type="checkbox"/> Green | |
| Closed (unavailable) | <input type="checkbox"/> Red | |
| Limited / Restricted | <input type="checkbox"/> Yellow | (Provide details below) |

Operational Status:

- | | | |
|--------------------------|---------------------------------|-------------------------|
| Open (fully operational) | <input type="checkbox"/> Green | |
| Closed (unavailable) | <input type="checkbox"/> Red | |
| Limited / Restricted | <input type="checkbox"/> Yellow | (Provide details below) |

Reason for limited / restricted access to building:

Life Safety Systems (fire alarm/sprinkler) _____ Floor(s)

Water _____ Floor(s)

Power _____ Floor(s)

Appendix III

Departmental Forms

Treasury Management
UCT 901
Phone: 713-500- 4944
Fax: 713-500-4955
TreasuryMgmt@uth.tmc.edu

Request – Check Cancellation at Bank

Request Date: _____

Check Number: _____

Date of Check: _____

Payee: _____

Amount: _____

FMS Voucher Number: _____

Brief Explanation for Cancellation:

Department Name: _____

Department Contact: _____

Contact Phone Number: _____

I do hereby certify that the above check has been lost, stolen, or mutilated and request that:
(mark all that apply)

the check be canceled.

a duplicate check be issued.

I do not have the check in my possession at this time. In the event that the check is located, I agree to return it to The University of Texas Health Science Center Houston's Treasury Management Department immediately. I understand that I am unable to cash the check as a result of the cancel check request.

Payee's Signature

Date

Printed Name

Return this completed form, the *Cancel Check or EFT Request Form* and all supporting documentation, including a copy of the FMS voucher, to Treasury Management.



System Data Resources

TERMINATION/SUSPENSION/LOA REQUEST

Requestor:		Dept ID#:	<input type="text"/>	Phone No:	<input type="text"/>
Requestor Email:		<input type="text"/>			
Name: <i>(Last, First, MI)</i>	<input type="text"/>			EMPL ID:	<input type="text"/>
<input type="text"/>					
Effective Date:	<input type="text"/>				
Last Day of Paid Leave:	<input type="text"/>				

TERMINATIONS

INVOLUNTARY:

Position Number:

Have you discussed with HR? Yes No HR Contact Name:

Please choose one of the following:

- Disciplinary Action-Unsatisfactory Work Performance
- Disciplinary Action-Misconduct
- Disciplinary Action-Other
- End Part Time Job
- End of Regular Assignment
- Probationary Term - Unsatisfactory Work Performance
- Probationary Term - Misconduct
- Probationary Term - Other
- Reduction In Force

COMMENTS:



System Data Resources

TERMINATION/SUSPENSION/LOA REQUEST

Requestor:		Dept ID#:	<input type="text"/>	Phone No:	<input type="text"/>
Requestor Email:		<input type="text"/>			
Name: <i>(Last, First, MI)</i>		<input type="text"/>	EMPL ID:	<input type="text"/>	
<input type="text"/>					
Effective Date:	<input type="text"/>				
Last Day Worked:	<input type="text"/>				

TERMINATIONS

VOLUNTARY:

Position Number:

Please choose one of the following:

- Advancement Opportunity
- Personal Reasons
- Relocation
- Failure To Return From Leave
- Change of Hire Date
- Never Reported To Work
- Retiree: Benefit Contact Name:
- Resignation
- Health Reasons
- Transfer/State Agency
- Job Abandonment
- Transportation Problems
- Failure to Meet Credentials

COMMENTS:

Inside UTHealth

Finance & Business Services

Emergency New Hire/Rehire Request

Requestor:

Dept ID #

Phone No:

Requestor Email:

First:

Middle:

Last:

Prefix:

Empl ID:

Record #

Effective Date:

Position Number:

Dept ID #:

Reason:

Location Code:

Job Code:

Job Title:

Reports To Position Number:

Work Phone:

Interinstitutional Address: Building Code:

Room Number:

Reg/Temp: Full/Part Time:

Job Classification:

Standard Hours:

FTE:

Exempt/Non Exempt:

Actual Base Salary: \$

Annual Base Salary:

FUNDING INFORMATION....ALL FUNDING MUST BE LISTED BELOW:

Earnings Code	HCM Combination Code	Fund Code	Project #	FTE	Actual % Effort	Funding End Date	Additional Pay Only: Amount Per Pay Period
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1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Clear Form

*** Please print and fax to System Data Resources 713-500-3529.**

Printing Instructions

- Select (highlight) information on PA.
- Click File, Print, Selection and fax to SDR.

Time Report

Employee Name: _____
 Employee ID: _____

Semi-Monthly Pay Period: _____
 Unit/Department: _____

Mark hours on the calendar for any exception time (including codes) for the current pay period. Blank squares (dates) indicates days worked or non-work days. Return report to the designated area time keeper in your area by the end of the pay period.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

LEAVE CODES

CAS – Casual

LWO – Leave Without Pay

OTS – Overtime Straight

OVT –1.5 Overtime

OV2 –2.0 Overtime

S01 – Shift Diff 0.65

S02 – Shift Diff 1.00

S03 – Shift Diff 1.10

S04 – Shift Diff 1.25

S05 – Shift Diff 1.75

S06 – Shift Diff 2.50

S07 – Shift Diff 3.50

S08 – Shift Diff 1.30

S09 – Shift Diff 1.50

S10 – Shift Diff 2.00

S11 – Shift Diff 4.80

S12 – Shift Diff 1.45

S13 – Shift Diff 1.85

S14 – Shift Diff 1.40

W01 – Weekend Diff 0.75

W02 – Weekend Diff 1.00

W03 – Weekend Diff 1.15

W04 – HA Weekend Prem 2.50

W05 – LVN Weekend Prem 3.50

W06 – RN Weekend Prem 5.00

Employee Signature

Timekeeper Signature

Supervisor Signature

Date Entered

Comments: _____

Deposit Form

Dept Name: _____

**Deposit ID: _____

<input type="checkbox"/> (Proc. 2) Check one	FMS FUND / ACCOUNT
<input type="checkbox"/> Gift (fds 58000-59000) 58002 / 26621	
<input type="checkbox"/> Project (if unknown) 57041-26702	[PAFT]
<input type="checkbox"/> All Other (if unknown) 40000 / 26701	[BURSAR]

DEPOSIT DATE: _____

Contact Person: _____

Payer/Department	Date Received	(PLEASE SPECIFY) Cash / Check Number /Credit Card	Amount	Recommended Chartfield							Attchmt (Y/N)	Initials	
				Op Unit	Dept	Fund	Project	Prg	Acct	Class		Presenter	Recipient
Total number of items			Total amount	\$0.00									

Submitted by _____ Phone Number: _____

Signature _____

****FMS ENTRY SHOULD BE CREATED BEFORE CASH, CHECK, OR CREDIT CARD DEPOSITS ARE PICKED UP ON THE MONEY RUN. IF NOT DONE PRIOR TO PICKUP DEPOSIT WILL NOT ACCEPTED UNTIL FMS ENTRY IS CREATED ****

*****Please make sure all checks are separated from stubs and put together. No glue, tape, or staples on currency and checks.**

Please make sure checks are stamped and signed on the back* Please only submit THIS FORM and settlement report for Credit Cards**

The University of Texas Health Science Center at Houston
Report of Interdepartmental Transfer of Equipment Form

To be used only when access to electronic forms is not available

Capital Assets Management

Department Transferring Equipment		Department Receiving Equipment	
Dept Rep:	Signature:	Dept Rep:	Signature:
PeopleSoft Dept ID #:		PeopleSoft Dept ID #:	
E-Mail Address:		E-Mail Address:	
Phone #:	Date:	Phone #:	Date:

Tag #	Asset Description Make / Model #	Serial #	Room	Building

Comments:

Lab Equipment must be inspected by Environmental Health and Safety prior to move

This form is required when equipment is transferred from department to department. It is sent to CAM after approvals from sending and receiving departments, by receiving department. It is used to update inventory records only. Please fill out this form completely. E-mail to CAM at capital.assets@uth.tmc.edu or fax to 713-500-4703. CAM does not physically move equipment from department to department. If you have any questions please contact Capital Assets Management at 713-500-4701.

J.P. MORGAN CHASE ACH SERVICES
DELETION, REVERSAL, RECLAIM REQUEST

Send via fax to: 1-866-217-6935 / Fax confirmation: 1-813-432-3750
Faxes must be received by 4:00 P.M. ET for current day processing

If you would like to learn about submitting this request online using JPMorgan ACCESSSM eServe, please contact your JPMorgan Customer Service Representative.

Section 1: JPMC ACH Originator Information (All fields are mandatory)

Date: _____ - _____ - _____ Company Name: _____

Company ID: _____ Tel #: _____ - _____ - _____

Requestor Name: _____

I certify that all of the information on this form is true and correct and that I am authorized to submit this form and request the action specified below on behalf of the above Company:

Signature of Requestor: _____

Section 2: Transaction Information (All fields are mandatory and must match the original transaction sent to JPMC)

Receiver's Name: _____

Receiver's Account #: _____

Receiver's ABA: _____

Receiver's Individual ID: _____

Transaction Effective Date: _____ - _____ - _____ Amount: \$ _____ . _____

Section 3: Action Requested

Deletion: (Delete a collection or disbursement that has not been processed by the ACH system)

DEBIT DELETION* CREDIT DELETION

**Due to ACH distribution schedules, Debit Deletions will be processed on a reasonable efforts basis.*

Reversal: (Reverse a collection or disbursement that has been processed by the ACH system)

REVERSAL CERTIFICATION - By submitting this reversal request, the requesting Company represents and warrants that (a) this reversal is being initiated to correct an Erroneous Entry, as defined in the NACHA Rules, and (b) if this reversal request is submitted more than five (5) banking days after the settlement date of the original entry, the requesting Company has obtained express authorization for such reversal from the receiver in the same form and manner as would be required for a new entry. Further, the requesting Company acknowledges that any reversal request that is submitted after such five-day period may be rejected by the Receiving Depository Financial Institution (RDFI) in its sole discretion. As per the ACH Origination Service Terms, you indemnify J.P. Morgan for any and all claims or losses incurred by J.P. Morgan in processing this request.

DEBIT REVERSAL CREDIT REVERSAL**

If you are submitting a reversal request, please select one of the following reasons:

Reversal of a duplicate entry Unintended receiver of original entry Incorrect dollar amount of original entry

Reclaim: (Reclaim a benefit disbursement due to death)

RECLAIM** - By checking this box, you certify that the entry being reversed is a pension, annuity, or other benefit payment that was made to a deceased beneficiary who is no longer entitled to the payment. You also certify that notification of the receiver's death was received within the last five banking days.

***Bank credits to your account are provisional and subject to receipt of final payment from the RDFI.*

MISSING, DAMAGED OR STOLEN PROPERTY REPORT

NOTE: If property has been stolen or is lost, destroyed or damaged as a result of negligence, this form should be completed and sent to the Office of the Attorney General within 72 hours of the occurrence.

Name of agency / institution University of Texas Health Science Center at Houston	Agency no. 744
---	--------------------------

Place of occurrence	City	County
Police agency notified	Police report number	Disposal code N/A
		Estimated value at date of loss


SERIAL NUMBER(S)	PURCHASE DATE	PURCHASE VALUE

STATE PROPERTY NUMBER	COMPONENT NUMBER	DESCRIPTION	LOCATION

Person(s) responsible for asset(s)	Property Manager name Heidmarie Hellriegel, Manager, CAM	Property Manager phone 713-500-8195
Report in detail (including what security measures were in place at the time.)		

Please check one box.

- Our investigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property **was** through the negligence of the person(s) charged with the care and custody of this property.
 Our investigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property **was not** through the negligence of the person(s) charged with the care and custody of this property.

This form should be signed and dated by the agency/institution head or designated representative. If a designated representative completes this form, the rank of that individual should be greater than that of the property manager.	
	Date
Printed name and title	

 **NON-PO VOUCHER REQUEST FORM**

DEPARTMENT OF: _____

DIVISION OF: _____

DOC ID: _____

DATE: _____	* REQUESTOR/(ED) BY: _____
* PAYEE/SUPPLIER: _____	_____
* CONTACT: _____	* PHONE #: _____
SUPPLIER CODE: _____	* BLDG./RM. LOCATION: _____
SUPPLIER PHONE: _____	* SUPPLIER INVOICE #: _____
SUPPLIER ADDRESS: _____	* INVOICE \$ AMT./ DATE: _____

***** ACCOUNTING INFORMATION: Please provide complete chartfield combination to expedite Non_PO Voucher Request. *****

OPERATING UNIT #: _____	DEPARTMENT #: _____	FUND #: _____
PROJECT #: _____	PROGRAM #: _____	ACCOUNT #: _____ CLASS #: _____
AMOUNT: _____		

OPERATING UNIT #: _____	DEPARTMENT #: _____	FUND #: _____
PROJECT #: _____	PROGRAM #: _____	ACCOUNT #: _____ CLASS #: _____
AMOUNT: _____		

* DETAILED DESCRIPTION/ PURPOSE OF EXPENSE

* BENEFIT TO UT

*** SEE NEW PROCESS FOR OFFICIAL FUNCTION FORMS @ [Official Function Guidelines and Forms](#)**

¹ BOX BELOW FOR USE ONLY WHEN REIMBURSING PAYEE (EMPLOYEE/STUDENT/RESIDENT) FOR EXPENSES WITH ORIGINAL RECEIPTS

Reimbursed Signature: _____

¹ I am submitting this form for the record. I certify that I made the above purchases using my personal funds and the attached are the original receipts(s)and I have not received reimbursement for this previously.

Approval Signature _____

Print Name and Title _____

¹ I certify that the attached receipts are original and I approve this reimbursement.

SPECIAL REQUEST FOR FMS/END USER
COMMENTS: _____
ENTERED BY/ DATE: _____

PETTY CASH FORM

Purchased From: _____

Document ID: _____

Purchased By: _____

Date: _____

Department: _____

Total: _____

Budget Pool	Oper Unit	Dept ID	Fund	Program	Project	Account	Class	Amount

Quantity	Purpose and Description	Price
Total		

Approved By: _____

Extension: _____

Received By: _____

Extension: _____

Yes/No Official Function (complete below if applicable)*

*Persons Attending

Names	Affiliation and Position/Title



The University of Texas
Health Science Center at Houston

Treasury Management
UCT 901
Phone: 713-500-4944
Fax: 713-500-4955
TreasuryMgmt@uth.tmc.edu

Request - Positive Pay Check Issue

Request Date: _____

Requestor: _____ Ext.: _____

Account: Payroll Controlled Disbursements

Check Number: _____

Amount: _____

Payee: _____

Issue Date: _____

Treasury Management Approval: _____ Date: _____

PURCHASING ORDER REQUEST FORM

DOC ID: _____

(Optional)

ORDER REQUEST (SPL,CAT,INT)

BUYCARD (POS)

DEPARTMENT: _____

DIVISION: _____

DATE: _____ * REQUESTOR: _____
 * SUPPLIER/ VENDOR NAME: _____
 VENDOR CODE: _____ * CONTACT: _____
 VENDOR PHONE: _____ * PHONE #: _____
 VENDOR ADDRESS: _____ * DELIVERY ROOM: _____
 QUOTE NO: _____ * DELIVERY DATE REQUIRED: _____
 CUSTOMER ACCOUNT #: _____ * OVERNIGHT / RUSH CHARGES: Y ____ N ____

PURCHASING DEPARTMENT ONLY

ORDER #: _____

ORDER

CONFIRMATION #: _____

REQ #: _____

PO #: _____

ENTERED BY: _____

DATE: _____

**** ACCOUNTING INFORMATION: Please provide VALID chartfield account to expedite Order Request. ****

OPERATING UNIT: _____ DEPARTMENT: _____ FUND: _____
 PROJECT : _____ PROGRAM: _____ ACCOUNT: _____ CLASS: _____

LINE #	* CATALOG #	QUANTITY	UNIT OF MEASUREMENT	DESCRIPTION/MANUFACTURER PART NO.	UNIT COST	TOTAL COST
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
					SHIPPING	
					GRAND TOTAL	\$ -

Comments/ Justifications: _____

Authorized by: _____

Print Name: _____

The University of Texas Health Science Center at Houston

Request for Electronic Funds Transfer

Date: _____

Requested by: _____

Telephone Number: _____

Detailed Purpose: _____

Fund Source: _____

Department Approval: _____

Payment & Account Facilitation Approval: _____
(If applicable)

Finance Approval: _____

Type of Currency: _____

Requested Amount: _____

Financial Institution Information

Name of Bank: _____

Address: _____

Nine-Digit ABA (Routing) Number: _____

SWIFT Code (for foreign wires): _____

Depositor Account Title: _____

Depositor Account Number: _____

Contact Person/Reference: _____

For Completion by Treasury Management

Applied Exchange Rate: _____

Confirmed Total US \$: _____

Bank Confirmation #: _____

TAMPER PROOF BAG LOG

Dept Name _____

Deposit Date _____



Bag Sequence Number	Date Received	Amount	Deposit Type	Presenter Signature	Recipient Initial

Total number of bags

Date _____

Submitted By _____

Signature Operational Area _____

Signature Money Run Rep _____

Signature Bursar's Office _____



Capital Assets Management

**TEMPORARY REMOVAL OF EQUIPMENT
FROM UTHealth PREMISES PERMIT FORM**

To be used only when access to electronic forms is not available.

Type or print clearly

Date property removed (within current FY)	Removed by Principal Investigator and used for research: <input type="checkbox"/> Yes <input type="checkbox"/> No	PeopleSoft Account Number associated with research grant:	Date property due back (within current FY)	
Tag #	Description	Serial #	Model	Manufacturer
Reason for Removal:				
Person Removing Property:				
PeopleSoft Dept ID#:		Bldg/Room #:	Phone #:	
Address property will be taken to:				

For inventory purposes, temporarily removed assets should be scanned every other year.

The Bearer and Department Head, upon signing this permit, certify that the State property being removed will be used only for job-related duties by a UTHealth employee. This form is NOT to be used to LEND property to individuals or institutions.	DEPARTMENT HEAD'S printed name: _____ SIGNATURE: _____
The Bearer accepts the responsibility of being pecuniarily liable to The University of Texas Health Science Center at Houston for property being lost, damaged or stolen due to negligence. (In accordance with State law as stipulated in House Bill # 1673, 66 Legislature, Section 8.05)	BEARER'S printed name: _____ SIGNATURE: _____

IF PROPERTY IS BEING REMOVED FROM THE STATE OF TEXAS, APPROVAL MUST BE OBTAINED FROM THE DEAN AND THE PROPERTY MANAGER.

Removal from STATE OF TEXAS approved by:

Removal from STATE OF TEXAS approved by:

Dean

Property Manager

COMPLETE AT THE TIME PROPERTY RETURNS:

The Department Head, upon signing this section, certifies that the State Property was returned undamaged. Forward signed copy to the Capital Assets Management Department (OCB 1.160).	DEPARTMENT HEAD'S SIGNATURE	ASSET LOCATION (Bldg/Room)	Current Responsible Person

Appendix IV

Departmental Forms

Treasury Management
UCT 901
Phone: 713-500- 4944
Fax: 713-500-4955
TreasuryMgmt@uth.tmc.edu

Request – Check Cancellation at Bank

Request Date: _____

Check Number: _____

Date of Check: _____

Payee: _____

Amount: _____

FMS Voucher Number: _____

Brief Explanation for Cancellation:

Department Name: _____
Department Contact: _____
Contact Phone Number: _____

I do hereby certify that the above check has been lost, stolen, or mutilated and request that:

(mark all that apply)

_____ the check be canceled.

_____ a duplicate check be issued.

I do not have the check in my possession at this time. In the event that the check is located, I agree to return it to The University of Texas Health Science Center Houston’s Treasury Management Department immediately. I understand that I am unable to cash the check as a result of the cancel check request.

Payee’s Signature

Date

Printed Name

Return this completed form, the *Cancel Check or EFT Request Form* and all supporting documentation, including a copy of the FMS voucher, to Treasury Management.

Memorandum

To: IT Security; IT Administration

CC: Michael Tramonte, Oscar Ballarta, Patricia Hinojosa

From: Treasury Management

Date: xx/xx/xxxx

Attn: IT Security & IT Administration,

Effective immediately, we are notifying you of a security breach in our JPMorgan Chase applications. To mitigate risk, we are implementing our Business Continuity and Recovery Plan (Project X) and will process Payroll Transactions for pay period ending xx-xx-xxxx through our alternate banking provider Frost. The necessary approvals have been granted to initiate this protocol.

Patricia Hinojosa – Executive Director Payroll

Oscar Ballarta – AVP Finance

Memorandum

To: IT Security; IT Administration

CC: Michael Tramonte, Oscar Ballarta, Patricia Hinojosa

From: Treasury Management

Date: xx/xx/xxxx

Attn: IT Security & IT Administration,

The security breach with JPMorgan Chase has been resolved. Effective immediately, we are resuming normal operations with JPMorgan Chase. Please accept this letter as official notification of this change.

Patricia Hinojosa – Executive Director Payroll

Oscar Ballarta – AVP Finance



System Data Resources

TERMINATION/SUSPENSION/LOA REQUEST

Requestor:		Dept ID#:		Phone No:	
Requestor Email:					
Name: <small>(Last, First, MI)</small>			EMPL ID:		
Effective Date:					
Last Day of Paid Leave:					

TERMINATIONS

INVOLUNTARY:

Position Number:

Have you discussed with HR? Yes No HR Contact Name:

Please choose one of the following:

- Disciplinary Action-Unsatisfactory Work Performance
- Disciplinary Action-Misconduct
- Disciplinary Action-Other
- End Part Time Job
- End of Regular Assignment
- Probationary Term - Unsatisfactory Work Performance
- Probationary Term - Misconduct
- Probationary Term - Other
- Reduction In Force

COMMENTS:

Inside UTHealth

Finance & Business Services

Emergency New Hire/Rehire Request

Requestor:

Dept ID #

Phone No:

Requestor Email:

First:

Middle:

Last:

Prefix:

Empl ID:

Record #

Effective Date:

Position Number:

Dept ID #:

Reason:

Location Code:

Job Code:

Job Title:

Reports To Position Number:

Work Phone:

Interinstitutional Address: Building Code:

Room Number:

Reg/Temp: Full/Part Time:

Full time

Job Classification:

Faculty-Tenured

Standard Hours:

FTE:

Exempt/Non Exempt:

Non Exempt

Actual Base Salary: \$

Annual Base Salary:

FUNDING INFORMATION....ALL FUNDING MUST BE LISTED BELOW:

Earnings Code	HCM Combination Code	Fund Code	Project #	FTE	Actual % Effort	Funding End Date	Additional Pay Only: Amount Per Pay Period
---------------	----------------------	-----------	-----------	-----	-----------------	------------------	--

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Clear Form

*** Please print and fax to System Data Resources (713) 500-3529.**

Printing Instructions

- Select (highlight) information on PA.
- Click File, Print, Selection and fax to SDR.



System Data Resources

TERMINATION/SUSPENSION/LOA REQUEST

Requestor:		Dept ID#:		Phone No:	
Requestor Email:					
Name: <small>(Last, First, MI)</small>				EMPL ID:	
Effective Date:					
Last Day Worked:					

TERMINATIONS

VOLUNTARY:

Position Number:

Please choose one of the following:

- | | |
|---|---|
| <input type="radio"/> Advancement Opportunity | <input type="radio"/> Resignation |
| <input type="radio"/> Personal Reasons | <input type="radio"/> Health Reasons |
| <input type="radio"/> Relocation | <input type="radio"/> Transfer/State Agency |
| <input type="radio"/> Failure To Return From Leave | <input type="radio"/> Job Abandonment |
| <input type="radio"/> Change of Hire Date | <input type="radio"/> Transportation Problems |
| <input type="radio"/> Never Reported To Work | <input type="radio"/> Failure to Meet Credentials |
| <input type="radio"/> Retiree: Benefit Contact Name: <input style="width: 200px;" type="text"/> | |

COMMENTS:

Employee Name: _____
 Employee ID: _____

Semi-Monthly Pay Period: _____
 Unit/Department: _____

Mark hours on the calendar for any exception time (including codes) for the current pay period. Blank squares (dates) indicates days worked or non-work days. Return report to the designated area time keeper in your area by the end of the pay period.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

LEAVE CODES

CAS – Casual

LWO – Leave Without Pay

OTS – Overtime Straight

OVT –1.5 Overtime

OV2 –2.0 Overtime

S01 – Shift Diff 0.65

S02 – Shift Diff 1.00

S03 – Shift Diff 1.10

S04 – Shift Diff 1.25

S05 – Shift Diff 1.75

S06 – Shift Diff 2.50

S07 – Shift Diff 3.50

S08 – Shift Diff 1.30

S09 – Shift Diff 1.50

S10 – Shift Diff 2.00

S11 – Shift Diff 4.80

S12 – Shift Diff 1.45

S13 – Shift Diff 1.85

S14 – Shift Diff 1.40

W01 – Weekend Diff 0.75

W02 – Weekend Diff 1.00

W03 – Weekend Diff 1.15

W04 – HA Weekend Prem 2.50

W05 – LVN Weekend Prem 3.50

W06 – RN Weekend Prem 5.00

Employee Signature

Timekeeper Signature

Supervisor Signature

Date Entered

Comments: _____



Deposit Form

Dept Name: _____

**Deposit ID: _____

(Proc. 2) Check one	FMS FUND / ACCOUNT
<input type="checkbox"/>	Gift (fds 58000-59000) 58002 / 26621
<input type="checkbox"/>	Project (if unknown) 57041-26702 [PAFT]
<input type="checkbox"/>	All Other (if unknown) 40000 / 26701 [BURSAR]

DEPOSIT DATE: _____

Contact Person: _____

Payer/Department	Date Received	(PLEASE SPECIFY) Cash / Check Number /Credit Card	Amount	Recommended Chartfield							Attchmt (Y/N)	Initials	
				Op Unit	Dept	Fund	Project	Prg	Acct	Class		Presenter	Recipient

Total number of items

Total amount

Submitted by _____ Phone Number: _____

Signature _____

****FMS ENTRY SHOULD BE CREATED BEFORE CASH, CHECK, OR CREDIT CARD DEPOSITS ARE PICKED UP ON THE MONEY RUN. IF NOT DONE PRIOR TO PICKUP DEPOSIT WILL NOT ACCEPTED UNTIL FMS ENTRY IS CREATED ****

*****Please make sure all checks are separated from stubs and put together. No glue, tape, or staples on currency and checks.**

Please make sure checks are stamped and signed on the back* Please only submit THIS FORM and settlement report for Credit Cards**



The University of Texas Health Science Center at Houston Report of Interdepartmental Transfer of Equipment Form

To be used only when access to electronic forms is not available

Capital Assets Management

Department Transferring Equipment		Department Receiving Equipment	
Dept Rep: _____	Signature: _____	Dept Rep: _____	Signature: _____
PeopleSoft Dept ID #: _____		PeopleSoft Dept ID #: _____	
E-Mail Address: _____		E-Mail Address: _____	
Phone #: _____	Date: _____	Phone #: _____	Date: _____

Tag #	Asset Description Make / Model #	Serial #	Room	Building

Comments:

Lab Equipment must be inspected by Environmental Health and Safety prior to move

This form is required when equipment is transferred from department to department. It is sent to CAM after approvals from sending and receiving departments, by receiving department. It is used to update inventory records only. Please fill out this form completely. E-mail to CAM at capital.assets@uth.tmc.edu or fax to 713-500-4703. CAM does not physically move equipment from department to department. If you have any questions please contact Capital Assets Management at 713-500-4701.

J.P. MORGAN CHASE ACH SERVICES
DELETION, REVERSAL, RECLAIM REQUEST

Send via fax to: 1-866-217-6935 / Fax confirmation: 1-813-432-3750
Faxes must be received by 4:00 P.M. ET for current day processing

If you would like to learn about submitting this request online using JPMorgan ACCESSSM eServe, please contact your JPMorgan Customer Service Representative.

Section 1: JPMC ACH Originator Information (All fields are mandatory)

Date: _____ - _____ - _____ Company Name: _____

Company ID: _____ Tel #: _____ - _____ - _____

Requestor Name: _____

I certify that all of the information on this form is true and correct and that I am authorized to submit this form and request the action specified below on behalf of the above Company:

Signature of Requestor: _____

Section 2: Transaction Information (All fields are mandatory and must match the original transaction sent to JPMC)

Receiver's Name: _____

Receiver's Account #: _____

Receiver's ABA: _____

Receiver's Individual ID: _____

Transaction Effective Date: _____ - _____ - _____ Amount: \$ _____ . _____

Section 3: Action Requested

Deletion: (Delete a collection or disbursement that has not been processed by the ACH system)

DEBIT DELETION* CREDIT DELETION

**Due to ACH distribution schedules, Debit Deletions will be processed on a reasonable efforts basis.*

Reversal: (Reverse a collection or disbursement that has been processed by the ACH system)

REVERSAL CERTIFICATION - By submitting this reversal request, the requesting Company represents and warrants that (a) this reversal is being initiated to correct an Erroneous Entry, as defined in the NACHA Rules, and (b) if this reversal request is submitted more than five (5) banking days after the settlement date of the original entry, the requesting Company has obtained express authorization for such reversal from the receiver in the same form and manner as would be required for a new entry. Further, the requesting Company acknowledges that any reversal request that is submitted after such five-day period may be rejected by the Receiving Depository Financial Institution (RDFI) in its sole discretion. As per the ACH Origination Service Terms, you indemnify J.P. Morgan for any and all claims or losses incurred by J.P. Morgan in processing this request.

DEBIT REVERSAL CREDIT REVERSAL**

If you are submitting a reversal request, please select one of the following reasons:

Reversal of a duplicate entry Unintended receiver of original entry Incorrect dollar amount of original entry

Reclaim: (Reclaim a benefit disbursement due to death)

RECLAIM** - By checking this box, you certify that the entry being reversed is a pension, annuity, or other benefit payment that was made to a deceased beneficiary who is no longer entitled to the payment. You also certify that notification of the receiver's death was received within the last five banking days.

***Bank credits to your account are provisional and subject to receipt of final payment from the RDFI.*

MISSING, DAMAGED OR STOLEN PROPERTY REPORT

NOTE: If property has been stolen or is lost, destroyed or damaged as a result of negligence, this form should be completed and sent to the Office of the Attorney General within 72 hours of the occurrence.

Name of agency / institution University of Texas Health Science Center at Houston	Agency no. 744
---	--------------------------

Place of occurrence	City	County
Police agency notified	Police report number	Disposal code N/A
		Estimated value at date of loss


SERIAL NUMBER(S)	PURCHASE DATE	PURCHASE VALUE

STATE PROPERTY NUMBER	COMPONENT NUMBER	DESCRIPTION	LOCATION

Person(s) responsible for asset(s)	Property Manager name Heidmarie Hellriegel, Manager, CAM	Property Manager phone 713-500-8195
Report in detail (including what security measures were in place at the time.)		

Please check one box.

- Our investigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property **was** through the negligence of the person(s) charged with the care and custody of this property.
 Our investigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property **was not** through the negligence of the person(s) charged with the care and custody of this property.

This form should be signed and dated by the agency/institution head or designated representative. If a designated representative completes this form, the rank of that individual should be greater than that of the property manager.	
	Date
Printed name and title	

 **NON-PO VOUCHER REQUEST FORM**

DEPARTMENT OF: _____

DIVISION OF: _____

DOC ID: _____

DATE: _____	* REQUESTOR/(ED) BY: _____
* PAYEE/SUPPLIER: _____	_____
* CONTACT: _____	* PHONE #: _____
SUPPLIER CODE: _____	* BLDG./RM. LOCATION: _____
SUPPLIER PHONE: _____	* SUPPLIER INVOICE #: _____
SUPPLIER ADDRESS: _____	* INVOICE \$ AMT./ DATE: _____

***** ACCOUNTING INFORMATION: Please provide complete chartfield combination to expedite Non_PO Voucher Request. *****

OPERATING UNIT #: _____	DEPARTMENT #: _____	FUND #: _____
PROJECT #: _____	PROGRAM #: _____	ACCOUNT #: _____ CLASS #: _____
AMOUNT: _____		

OPERATING UNIT #: _____	DEPARTMENT #: _____	FUND #: _____
PROJECT #: _____	PROGRAM #: _____	ACCOUNT #: _____ CLASS #: _____
AMOUNT: _____		

* DETAILED DESCRIPTION/ PURPOSE OF EXPENSE

* BENEFIT TO UT

*** SEE NEW PROCESS FOR OFFICIAL FUNCTION FORMS @ [Official Function Guidelines and Forms](#)**

¹ BOX BELOW FOR USE ONLY WHEN REIMBURSING PAYEE (EMPLOYEE/STUDENT/RESIDENT) FOR EXPENSES WITH ORIGINAL RECEIPTS

Reimbursed Signature: _____ ¹ I am submitting this form for the record. I certify that I made the above purchases using my personal funds and the attached are the original receipts(s) and I have not received reimbursement for this previously.

Approval Signature

Print Name and Title

¹ I certify that the attached receipts are original and I approve this reimbursement.

SPECIAL REQUEST FOR FMS/END USER
COMMENTS: _____
ENTERED BY/ DATE: _____

Purchased From: _____

Document ID: _____

Purchased By: _____

Date: _____

Department: _____

Total: _____

Budget Pool	Oper Unit	Dept ID	Fund	Program	Project	Account	Class	Amount
-------------	-----------	---------	------	---------	---------	---------	-------	--------

Budget Pool	Oper Unit	Dept ID	Fund	Program	Project	Account	Class	Amount
-------------	-----------	---------	------	---------	---------	---------	-------	--------

Quantity	Purpose and Description	Price
Total		

Approved By: _____

Extension: _____

Received By: _____

Extension: _____

Yes/No Official Function (complete below if applicable)*

*Persons Attending

Names	Affiliation and Position/Title
-------	--------------------------------



The University of Texas
Health Science Center at Houston

Treasury Management
UCT 901
Phone: 713-500-4944
Fax: 713-500-4955
TreasuryMgmt@uth.tmc.edu

Request - Positive Pay Check Issue

Request Date: _____

Requestor: _____ Ext.: _____

Account: Payroll Controlled Disbursements

Check Number: _____

Amount: _____

Payee: _____

Issue Date: _____

Treasury Management Approval: _____ Date: _____

PURCHASING ORDER REQUEST FORM

DOC ID: _____

(Optional)

ORDER REQUEST (SPL,CAT,INT)

BUYCARD (POS)

DEPARTMENT: _____

DIVISION: _____

DATE: _____ * REQUESTOR: _____
 * SUPPLIER/ VENDOR NAME: _____
 VENDOR CODE: _____ * CONTACT: _____
 VENDOR PHONE: _____ * PHONE #: _____
 VENDOR ADDRESS: _____ * DELIVERY ROOM: _____
 QUOTE NO: _____ * DELIVERY DATE REQUIRED: _____
 CUSTOMER ACCOUNT #: _____ * OVERNIGHT / RUSH CHARGES: Y ____ N ____

PURCHASING DEPARTMENT ONLY

ORDER #: _____

ORDER

CONFIRMATION #: _____

REQ #: _____

PO #: _____

ENTERED BY: _____

DATE: _____

**** ACCOUNTING INFORMATION: Please provide VALID chartfield account to expedite Order Request. ****

OPERATING UNIT: _____ DEPARTMENT: _____ FUND: _____
 PROJECT : _____ PROGRAM: _____ ACCOUNT: _____ CLASS: _____

LINE #	* CATALOG #	QUANTITY	UNIT OF MEASUREMENT	DESCRIPTION/MANUFACTURER PART NO.	UNIT COST	TOTAL COST
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
					SHIPPING	
					GRAND TOTAL	\$ -

Comments/ Justifications: _____

Authorized by: _____

Print Name: _____

The University of Texas Health Science Center at Houston

Request for Electronic Funds Transfer

Date: _____

Requested by: _____

Telephone Number: _____

Detailed Purpose: _____

Fund Source: _____

Department Approval: _____

Payment & Account Facilitation Approval: _____
(If applicable)

Finance Approval: _____

Type of Currency: _____

Requested Amount: _____

Financial Institution Information

Name of Bank: _____

Address: _____

Nine-Digit ABA (Routing) Number: _____

SWIFT Code (for foreign wires): _____

Depositor Account Title: _____

Depositor Account Number: _____

Contact Person/Reference: _____

For Completion by Treasury Management

Applied Exchange Rate: _____

Confirmed Total US \$: _____

Bank Confirmation #: _____

TAMPER PROOF BAG LOG

Dept Name _____

Deposit Date _____



Bag Sequence Number	Date Received	Amount	Deposit Type	Presenter Signature	Recipient Initial

Total number of bags

Date _____

Submitted By _____

Signature Operational Area _____

Signature Money Run Rep _____

Signature Bursar's Office _____



TEMPORARY REMOVAL OF EQUIPMENT FROM UTHealth PREMISES PERMIT FORM

To be used only when access to electronic forms is not available.

Type or print clearly

Date property removed (within current FY)	Removed by Principal Investigator and used for research: <input type="checkbox"/> Yes <input type="checkbox"/> No	PeopleSoft Account Number associated with research grant:	Date property due back (within current FY)	
Tag #	Description	Serial #	Model	Manufacturer
Reason for Removal:				
Person Removing Property:				
PeopleSoft Dept ID#:		Bldg/Room #:	Phone #:	
Address property will be taken to:				

For inventory purposes, temporarily removed assets should be scanned every other year.

The Bearer and Department Head, upon signing this permit, certify that the State property being removed will be used only for job-related duties by a UTHealth employee. This form is NOT to be used to LEND property to individuals or institutions.	DEPARTMENT HEAD'S printed name: _____ SIGNATURE: _____
	BEARER'S printed name: _____ SIGNATURE: _____
The Bearer accepts the responsibility of being pecuniarily liable to The University of Texas Health Science Center at Houston for property being lost, damaged or stolen due to negligence. (In accordance with State law as stipulated in House Bill # 1673, 66 Legislature, Section 8.05)	

IF PROPERTY IS BEING REMOVED FROM THE STATE OF TEXAS, APPROVAL MUST BE OBTAINED FROM THE DEAN AND THE PROPERTY MANAGER.

Removal from STATE OF TEXAS approved by:

Removal from STATE OF TEXAS approved by:

Dean

Property Manager

COMPLETE AT THE TIME PROPERTY RETURNS:

The Department Head, upon signing this section, certifies that the State Property was returned undamaged. Forward signed copy to the Capital Assets Management Department (OCB 1.160).	DEPARTMENT HEAD'S SIGNATURE	ASSET LOCATION (Bldg/Room)	Current Responsible Person

Treasury Management
UCT 901
Phone: 713-500- 4944
Fax: 713-500-4955
TreasuryMgmt@uth.tmc.edu

Request – Check Cancellation at Bank

Request Date: _____

Check Number: _____

Date of Check: _____

Payee: _____

Amount: _____

FMS Voucher Number: _____

Brief Explanation for Cancellation:

Department Name: _____
Department Contact: _____
Contact Phone Number: _____

I do hereby certify that the above check has been lost, stolen, or mutilated and request that:
(mark all that apply)

- the check be canceled.
- a duplicate check be issued.

I do not have the check in my possession at this time. In the event that the check is located, I agree to return it to The University of Texas Health Science Center Houston’s Treasury Management Department immediately. I understand that I am unable to cash the check as a result of the cancel check request.

Payee’s Signature

Date

Printed Name

Return this completed form, the *Cancel Check or EFT Request Form* and all supporting documentation, including a copy of the FMS voucher, to Treasury Management.

BCP Maintenance Schedule

The BCP Committee has scheduled quarterly meetings. Additionally, the necessary institutional infrastructures and services (11) are tested at least annually with an annual update of the BCP to reflect current business practices as necessary.

Annual Task	Last Reviewed	Scheduled Review
BCP Annual testing	3/2025	2/2026
BCP Annual update	3/2025	3/2026

DR Plan Items Maintenance Schedule

Annual Tasks	Last Reviewed	Scheduled Review
Update testing schedule	2/2025	2/2026
Update Address/contact list (DR db)	3/2025	3/2025
Update Emergency Status Listing: UTHealthHoustonEmergency.org	03/2025	03/2026
Critical system DR/end-user testing	2/2025	2/2026
Review and Update Tier 1/Critical systems	2/2025	2/2026
Update DRP to reflect the current business practices	3/2025	3/2026

BCP REVISION HISTORY

Author	Version	Reason for Change	Effective Date
Michelle Patino	1	Major Re-Write/Update per audit report	01/2022
Michelle Patino	2	Add BCRP I, II forms per Oscar Ballarta	3.25.25
Michelle Patino	2	Communication updates per Public Affairs	3.25.25