

TEMPORARY SSN REQUEST FORM

This form is to be used only to request a Temporary SSN for individuals who have applied at the Social Security Administration Office and have received a "delay" letter. Delay letters usually indicate that the SSN may be delayed 4 - 6 weeks. If an individual received a "receipt", a Temporary SSN cannot be assigned.

Please type or neatly print all information in Sections I-III below.

I. EMPLOYEE INFORMATION

Last Name _____ First Name _____ Middle Name _____
UTEID _____ Date of Birth _____
Phone # _____ E-mail Address _____
Job Title _____ Hours per Week _____
Appt Period _____

II. DEPARTMENTAL CONTACT INFORMATION

Contact Person _____
Department _____
Phone # _____ E-mail Address _____

III. PLEASE INDICATE THAT YOU HAVE ATTACHED THE FOLLOWING INFORMATION TO THIS FORM:

_____ Copy of the employee's "Delay" letter
_____ Copy of the employee's passport
_____ Copy of the employee's visa
_____ Copy of the employee's I-20 (F visa), DS 2019 or IAP-66 (J visa), or I-797 (H visa)

After completing all information above, please submit all documentation to Payroll Services, MAI 134, G0200

IV. FOR PAYROLL USE ONLY

Temporary Number Assigned _____

New SSN Received _____

Setup Checklist

_____ Date Setup
_____ OF1 W/ Temporary Switch
_____ Update on Spreadsheet
_____ Distribute Payroll Documents/My Paycheck Profile
_____ E-mail to Employee and Department
_____ E-mail to HRS

Merge Checklist

_____ OF5 (Temp to SSN)
_____ Update Spreadsheet
_____ Notify if TRS Eiligible
_____ Notify if Insurance Eiligible
_____ Date Merged