

The purpose of this form is to identify and track guests, volunteers and contractors of Florida Tech who receive NO PAY directly from the university but may require access to buildings or rooms and/or email accounts, etc. Authorization from Human Resources is required prior to commencing work.

Last name _____ First name _____ Middle name _____

Effective begin date _____ Effective (actual) end date _____

CONTRACT CONTINGENT WORKER INFORMATION (to be completed by nonemployees only)

Address _____

City _____ State _____ ZIP _____

Phone _____ External email (not fit.edu) _____ Date of birth _____

If formerly affiliated with the university (staff, student or volunteer), notate your 900 number _____

EMERGENCY CONTACT

Name _____ Phone _____

DESCRIPTION OF SERVICES AND ESSENTIAL FUNCTIONS

PLEASE CHECK THE APPROPRIATE BOX:

- This is to acknowledge that I have been contracted by the university to provide services and will submit invoice(s) to Accounts Payable for processing. I agree to abide by all policies, procedures and instructions of Florida Tech. Contract contingent workers are not covered by Florida Tech's workers' compensation coverage.
- This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above, and that services rendered by me will be at the direction of my supervisor. I understand and agree that I will neither receive nor expect to receive compensation for my services. I agree to abide by all policies, procedures and instructions of Florida Tech. Contract contingent workers are not covered by Florida Tech's workers' compensation coverage.

*If there is a finding or determination of harassment (including sexual) against any private investigator (PI) or co-private investigator on a National Science Foundation (NSF) award, the university must inform NSF. NSF will work with the university to determine the appropriate course of action, which may include appointing a substitute PI or reducing the award amount.

CONTRACT CONTINGENT WORKER STATEMENT

I understand that any information I access or obtain from Florida Tech's systems may not be released verbally, in writing or electronically to ANY unauthorized person as mandated by the Privacy Act of 1974: grades; grade point average; class rank; academic dismissal; hours attempted, earned or transferred; student account balances; financial aid received or pending; employment status or employer; disciplinary action or law enforcement records; personal counseling records; medical records; student numbers or social security numbers. I also agree to comply with the Health Insurance Portability and Accountability Act of 1996, including reasonable precautions and minimum necessary disclosures.

I further understand that falsifying or otherwise altering information, either within a student or employee file or the university's database, is a violation of university policy and federal regulations. The sharing of passwords or allowing others to perform work using your password is prohibited. Any violation of the law may be prosecuted in the courts. Students and/or employees who violate university policy are subject to disciplinary actions up to and including dismissal. Guests who violate the instructions contained in the above statement or other university policies may be subject to the withdrawal of all university privileges and access.

CONTRACT CONTINGENT WORKER STATEMENT

I understand and agree that my volunteer participation is not being performed in the course and scope of my regular employment.

Contract contingent worker signature _____ Date _____

Host signature _____ Host printed name _____

Host contact phone _____ Host contact email _____ Date _____

INSTRUCTIONS FOR COMPLETION OF THE CONTRACT CONTINGENT WORKER SYSTEMS ACCESS AUTHORIZATION FORM

This form is needed to ensure that only approved contract contingent workers are provided access to Florida Tech's buildings and/or system(s). This process is also designed to ensure that the system access is terminated in a timely way once it is no longer required, preventing reporting issues that result in unnecessary manual manipulation of data.

DEFINITIONS

Host: This is the department head who hosts, and is responsible for, a contract contingent worker at the university.

Contract Contingent Worker—Requestor: A contract contingent worker working with/at the university.

Description Field: Permits free form text of up to 60 characters to explain why the contract contingent worker requires building or system access.

PROCESS

- The host organization's contact person, herein referred to as the "host," will complete this form.
- Complete the Description field to address the nature of the contract contingent worker visit on campus or otherwise explain why the contract contingent worker requires access.
- All fields must be completed to authorize the issuance of the employee ID number.
- Enter the effective start and end dates.
- The Human Resources staff member will process the contract contingent worker in the Workday system.
- Human Resources will notify the host when the Workday record has been generated for the individual. Notification will include the employee ID number and links to the TRACKS IT request and ID card access request.
- The host department would then initiate requests for any access required.

ADDITIONAL INFORMATION

Any additional information the host or the hosting organization would like to be noted can be entered into the Description field.