DATA FORM FOR NON-EMPLOYEES/PERSON OF INTEREST
USED FOR ACCOUNT SET-UP AND ACTIVATION

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

☐ Home   ☐ Home
☐ Cell   ☐ Cell
☐ Work   ☐ Work

Primary Phone _____ Alternate Phone _____

Email: _____ Date of Birth: _____

EMERGENCY CONTACT (name) _____ Relationship _____ Phone _____

Department & Phone Number _____ Supervisor's Name & Title _____

Start Date _____ End Date _____

Employee's Signature: _____

Supervisor's Signature: _____

Date Signed: _____

I understand I am being provided access to various campus systems, software or buildings to perform the listed duties. The access and services will beat the direction of the listed supervisor, unless performed as an independent contractor. I understand that no compensation will be provided for the listed duties before, during or after the appointment dates, unless such duties are elements of a formal contract.

I also understand my access and assignment may be ended at any time at the discretion of the supervisor, or in accordance with contractual provisions.

_____
Initial

I acknowledge that in my relationship with The University Corporation I must be fully vaccinated before working on campus or have an approved vaccination exemption; and any Person with an approved vaccination exemption, as determined by the Volunteer Contract per Cal/OSHA rules, must get tested weekly for COVID-19. *The Cal/OSHA ETS definition of "fully vaccinated" means "that the person received at least 14 days prior, either the second dose in a two dose COVID – 19 vaccine series of the single – dose COVID-19 vaccine" See* **CSU Vaccination Policy**

Choose all that apply: *(**yes/no** drop down)*

     Drive a vehicle on University business? If yes, Defensive Drive training is mandatory.

     Requires an Otter ID for IT or Building access?

     Travel on Corporation business?

     No Working with minors, elders, or sensitive information? If yes, background is mandatory.

Accommodations:
Do you need special accommodations for your workplace? ☐ No ☐ Yes.

If yes, please inform your supervisor and contact HR x 4498.

<div align="center">Office Use Only</div>

Otter ID:_____   Employee ID:_____