

The purpose of this form is to identify and track Burrell College of Osteopathic Medicine (BCOM) nonemployees of Florida Tech who do not receive pay from Florida Tech 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 \_\_\_\_\_

**BCOM NONEMPLOYEE INFORMATION** *(to be completed by BCOM 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****ACKNOWLEDGMENTS**

☐ This is to acknowledge that I am a faculty or staff member of Burrell College of Osteopathic Medicine, and not an employee of Florida Tech. Initial \_\_\_\_\_

\*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.

Annual Security & Fire Safety Report can be found at: **[floridatech.edu/hr/annual-security--fire-safety-report](https://floridatech.edu/hr/annual-security--fire-safety-report)**

☐ I acknowledge that I have received a link to review Florida Tech's Annual Security & Fire Safety Report.

Required Compliance Training can be found at: **[floridatech.edu/compliance-and-risk-management/compliance-courses/training](https://floridatech.edu/compliance-and-risk-management/compliance-courses/training)**

☐ I acknowledge I will abide by Florida Tech's compliance training requirements as determined by the university, if applicable.

**INDEMNIFICATION**

I understand and agree that my services and/or presence at Florida Tech are not within the course and scope of Florida Tech employment. I agree to indemnify and hold harmless Florida Institute of Technology, its trustees, officers, employees, and agents from and against any and all claims, liabilities, damages, losses, costs, or expenses (including attorney's fees) arising out of or related to my presence at Florida Tech, except where caused by Florida Tech's gross negligence or willful misconduct.

**SAFETY AND COMPLIANCE AGREEMENT**

I agree to adhere to all university safety protocols and regulations while on Florida Tech's campus. This includes following all policies related to health and safety, emergency procedures, and other relevant guidelines. I understand that failure to comply with these protocols may result in the suspension or termination of my access and privileges at Florida Tech. Additionally, I agree to complete any compliance or safety training required in connection with my activities or access, as determined by the Office of Human Resources, the Office of Legal, Risk and Compliance, or the Office of Environmental Health and Safety.

**LIABILITY WAIVER**

I acknowledge that I am voluntarily accessing Florida Tech property as a Burrell College faculty or staff member. I understand that I am responsible for my own safety and well-being while on campus or using university resources. I agree to waive and release Florida Institute of Technology, its trustees, officers, employees, and agents from any and all claims, liabilities, damages, and losses that may arise from my presence or activities at Florida Tech, except where such claims are caused by the gross negligence or willful misconduct of the university.

**BCOM NONEMPLOYEE STATEMENT**

I understand that any information I access or obtain from Florida Tech's systems must be treated as confidential and may not be disclosed to any unauthorized person. I will comply with all data security protocols, including safeguarding passwords, using systems only for authorized purposes, and reporting any suspected breaches. I also agree to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Family Educational Rights and Privacy Act (FERPA), 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.

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

**DISCLAIMER**

I acknowledge that I am not an employee of Florida Tech and am not entitled to any employee rights, compensation, or benefits from Florida Tech. My access to university property and systems is granted solely for collaborative or logistical purposes in support of Burrell College operations.

BCOM nonemployee signature \_\_\_\_\_ Date \_\_\_\_\_

Host signature \_\_\_\_\_ Host printed name \_\_\_\_\_

Host contact phone \_\_\_\_\_ Host contact email \_\_\_\_\_ Date \_\_\_\_\_

Dean/vice president signature \_\_\_\_\_ Date \_\_\_\_\_

**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 contingent worker/nonemployee visit on campus or otherwise explain why the contingent worker/nonemployee 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 contingent worker/nonemployee 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.