Contractor Request Form

Contractor

A contractor is defined as any individual who provides a program, activity, or service to Shippensburg University with compensation, either directly or indirectly from the university. This includes temp agency workers, food services employees, bookstore employees, and other similar contractors.

Part 1 - Contractor Information - To Be Completed by Contractor

This information is necessary to enter you into our data system. Please print clearly.

Name: _____
   Last   First   MI

Address: _____
   Street

_____
   City   State   Zip   County

Phone: _____   _____
   Home/Cell/Work   Personal Email

Emergency Contact Information: **Please answer the following:**

   Name: _____   This position is unpaid.

   Relationship: _____   YES   NO

   Address (street): _____

   City/State/Zip: _____

   Phone: _____

Part 2 - Accesses Requested -To Be Completed by Requesting Department

Department Name: _____

Start Date: _____   (Anticipated) End Date: _____

                              * Can be extended, please notify Human Resources

Access Needed:

University ID	Parking Tag
Key(s)/Access	SAP - Finance/Accounting
SAP - HR	Active Directory/University Login
University Email	Blackboard Transaction System
Banner	Other: _____

Job Description/Services Rendered: _____

Justification for IT Access: _____

IT Department Access Approval: _____

Part 3 - Request/Approval - To be completed by the Requesting Department and Approving Supervisors

Requesting Supervisor:

Print	Signature	Date

Department Head:

Print	Signature	Date

Dean (if applicable):

Print	Signature	Date

Vice President:

Print	Signature	Date

Grant Manager
(if grant funded):

Print	Signature	Date

Departments please note: The Requesting Supervisor is responsible for notifying the Office of Human Resources at the conclusion of this assignment, or when access is no longer needed.

Shippensburg University Office of Human Resources is **not** responsible for ordering background clearances for the following departments: Bookstore, SUSSI, food services, SU Foundation, GBLUES, Head Start, and UPS. All contractors working in these departments **must submit all three clearances to HR within 45 days of the individual's start date. Departments are responsible for communicating clearance requirements to contractors and ensuring that clearance reports are provided to the Office of Human Resources.**

*Failure to complete or provide copies of the required background clearances within the 45 day provisional hire period will result in system access removal.

All departments will need to submit the following forms to the Office of Human Resources:
1) Contractor Request Form, 2) Information Release Authorization, 3) Confidentiality Statement.

Part 4 - To Be Completed by the Office of Human Resources

Person Verifying Background Check:

PA State Police: ☐

Child Abuse: ☐

FBI: ☐

Signature	Date

Entered in SAP: _____
Date

By: _____
Signature

Separated from SAP: _____
Date

By: _____
Signature

Information Release Authorization

I, _____, hereby authorize any educational institution, any past or present employer (including any branch of the armed services), any local, state, or federal government agency (including any laws enforcement or security agencies) to release to Shippensburg University through its authorized representative(s) bearing this authorization, all information concerning me.

I voluntarily agree to this investigation of my background with the knowledge and understanding that whatever information is obtained is for the official use of Shippensburg University and will not be released to any other parties.

I further understand any information obtained during such investigation may only be used to determine my fitness, competence, and ability for the purpose of contracting at Shippensburg University.

I release Shippensburg University from any liability which may result from making this investigation. Furthermore, I hereby forever release anyone who has knowledge or information concerning my employment history and criminal history from any claims or demands from liability or damages for disclosure of true and accurate information provided by this investigation. This authorization shall supersede and countername any prior request or authorizations to the contrary.

I further authorize the use of photocopies of this authorization and agree to provide copies of search results if they are sent directly to me.

Signature: _____ Date: _____

Confidentiality Statement

As an employee/student employee/graduate assistant/volunteer/contractor of Shippensburg University of Pennsylvania, I understand that I may have access to confidential, personal data and/or records of University employees, students, customers and other related constituents. I agree that I will access, use, discuss, release and/or divulge only the data that is needed to perform my job. I understand that I am prohibited from accessing, using, discussing, releasing and/or divulging this data unless doing so is a requirement of my job.

I further understand that unauthorized disclosure of confidential information and records applies to all information on the University computing/networking systems, all printed information, as well as formal and informal verbal conversations.

I understand that any release of this information will be done only through authorized protocols. Breaches in confidentiality of such data may result in disciplinary action up to and including separation from employment and in the case of student employees and graduate assistants, possible University judicial action. A violation of this agreement also may result in legal action if it is determined that any local, state, or federal laws have been violated.

I have reviewed this statement and understand that if I have questions, or would like to discuss this responsibility with a representative of the University I can make that request by contacting the Human Resources office at 717-477-1124 or hr@ship.edu.

By my signature below, I certify that I have read, understand, and agree to abide by the provisions of this statement.

Name (print) _____

Signature _____ Date _____