

## STUDENT EMPLOYMENT AND CONFIDENTIALITY AGREEMENT

Welcome to the Division of Outreach. We are glad you are here and appreciate that classes and learning are your highest priority. But we also need a commitment from you to take your work here seriously and to keep information confidential. Therefore, we have outlined the rules in our office and a confidentiality agreement below. Please review the document and sign below.

I, \_\_\_\_\_, agree to the following conditions of employment  
(Print Student's Name)  
in the Division of Outreach.

1. I am required to arrive on time and post my time accurately on my time sheet.
2. I will notify my staff supervisor when I arrive and ask if he/she has assignments for me.
3. If I am unable to work my scheduled hours due to illness, I will contact my staff supervisor immediately. Failure to inform the division prior to absence will be considered an unscheduled absence and could be grounds for dismissal.
4. If I am unable to work my scheduled hours for any other reasons, I will inform my staff supervisor at least 48 hours (2 work days) in advance.
  - a. If the requested absence is approved, it will be noted on the Student Schedule.
  - b. Failure to inform the department prior to absence will be considered an unscheduled absence and can be grounds for dismissal.
5. While I am at work, I will devote my full attention and energies to the business of the division. If I do not have any current assignments, and my staff supervisor has no assignment for me, then I may work on course work. I understand that a no time will I use the university's computers to play games.
6. I understand that I am not allowed to use personal communication devices, (this includes using cell phones to talk, text, or any other type of communication) in the office. If I receive an emergency communication, I will take the call outside.
7. I will not make personal calls during work hours for longer than 2 minutes.
8. I will not download non-work related files onto the computers.
9. I will discourage my friends from visiting me at work. If a friend(s) does visit me at work, I will limit his/her visit to no longer than 5 minutes.
10. I understand that in the course of my employment I might have access to confidential or proprietary information. I agree that I will keep any information that I have access to confidential and will only use that information for the intended purposes. The information shall not be used for any other purpose, or disclosed to any third party.

AGREED AND ACCEPTED BY:

\_\_\_\_\_  
(Student Signature) Date: \_\_\_\_\_

Staff Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_