The purpose of this form is to identify and track Bisk 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_____

BISK NONEMPLOYEE INFORMATION *(to be completed by Bisk 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 Florida Tech nonemployee with Bisk. I agree to abide by all policies, procedures and instructions 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**

❏ 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**

❏ I acknowledge I will abide by Florida Tech's compliance training requirements per the discretion of the Office of Compliance and Risk Management.

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Page 1 of 2

Florida Institute of Technology ▪ Office of Human Resources ▪ 150 W. University Blvd., Melbourne, FL 32901-6975 ▪ 321-674-8100 ▪ Fax 321-674-7519 ▪ hr@fit.edu

BISK NONEMPLOYEE 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 (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.

Bisk nonemployee signature_____ Date _____

Host signature _____ Host printed name_____

Host contact phone _____ Host contact email _____ Date _____

Dean/vice president signature_____ Date _____

INSTRUCTIONS FOR COMPLETION OF THE NONEMPLOYEE SYSTEMS ACCESS AUTHORIZATION FORM

This form is needed to ensure that only approved contingent workers/nonemployees 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.

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.

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Page 2 of 2

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