



STUDENT CONFIDENTIALITY STATEMENT

During the course of my student employment program at Utica College, I hereby acknowledge that I may have access to information that is of a confidential nature, including, but not limited to, medical records, financial information and student records, which are prohibited from disclosure under state and federal law.

I hereby agree that I shall not transfer, disclose, discuss, copy or otherwise transmit, either verbally or in writing, or by electronic communication any information which I obtain during the course of my student employment program, unless said disclosure or transfer is required as part of my performance of my duties and responsibilities.

I further agree and understand that the information I obtain during the student employment program is to remain confidential and my failure to keep all information confidential will result in the disciplinary action, including, but not limited to, suspension and/or expulsion under the student judicial code.

Student Name: _____
(PLEASE PRINT)

Student Signature: _____

Dated: _____

STUDENT EMPLOYMENT ACCEPTANCE

Documentation

I understand I am responsible for completing the documents listed **before** beginning my work assignment at Utica College.

- **I-9 – Employment Eligibility Verification** required by the Department of Homeland Security (formally Immigration Services). Acceptable original documentation will be required when completing this form (see enclosed list).
- **W-4 – Employee’s Withholding Allowance Certificate** required by Federal and State government taxing authorities.
- **Notice of Employment** required by Utica College for documenting work assignment, rate of pay and supervisor’s name. This form, signed by both the Department Supervisor and Student, should in no way be construed as a contract for employment.

Schedule

I understand that the supervisor is responsible for setting hours to be worked in conjunction with my class schedule. Once scheduled, it is my responsibility to work those hours unless other arrangements are mutually agreed upon between my supervisor and me. I agree to arrive to work on time and to contact my supervisor should it be necessary to be absent on my scheduled day.

Resignation

I understand that if I should willingly terminate my employment, reject an offer of employment, or otherwise fail to earn my reward; I will lose my award or any portion not earned. In some instances, reassignments may be a possibility; however, such requests may not be made to the Office of Student Employment until two weeks following the start date of the work assignment.

Termination

I understand that I may be dismissed from the Student Employment Program due to unsatisfactory job performance. Further, I understand that if I am terminated from employment due to failure to meet job expectations, I will not be placed elsewhere for one year. I will be eligible to reapply for employment one year from the date of termination.

Confidentiality

I acknowledge that I am considered an employee of Utica College, and agree to the terms and conditions of my employment as described on the reverse side of this form.

Signature: _____ Date: _____

Print Name: _____ Banner ID: _____