

**STOCKTON UNIVERSITY
UNCOMPENSATED EMPLOYEE RECORD**

TO: DEPARTMENT OF HUMAN RESOURCES **DATE:** _____

FROM: _____
 Department/Unit Supervisor Department/School

RE: USE OF UNCOMPENSATED EMPLOYEE

Commencing _____, I plan to utilize the services of:

Last Name	First Name	M.I.
Street Address		
Town/City	State	Zip

He/she will be under the direct supervision of _____
Immediate Supervisor

Proposed length of service: _____ Number of hours per week _____

While providing services here on campus, he/she may be reached at (ext./cell/email) _____

Brief description of duties: _____

NOTE: Any uncompensated person under age 18 is required by law to provide parental consent in writing. Under no circumstances will a person under age 18 be permitted to perform services for the College without parental consent.

I/we hereby permit _____ to act as an uncompensated employee at The Richard Stockton College of New Jersey as specified above.

 Signature(s) of parent(s) or legal guardian(s)

A driver's license verification will be completed by the Office of Risk Management-E/H/S if driving a college-owned vehicle is required.

The uncompensated employee agrees to abide by all state and federal laws as well as all college policies, including Drug-Free Workplace Policy, Workplace Violence Policy and Policy Prohibiting Discrimination, Harassment, or Hostile Work Environments in the Workplace.

All relevant policies are available on the Human Resources web page.

 Signature of Unit Head

 Date

 Signature of Uncompensated Employee

 Date