

# NOTICE OF INTENT TO REEMPLOY

(TO BE USED AS HIRING CARD FOR THE 2012-2013 SCHOOL YEAR)  
WHEN COMPLETED RETURN TO JO ANNE FOSTER, 118 KILLIAN ANNEX

This is to certify that it is mutually agreeable to the parties signing this form for the student to work during the 2012-2013 year. **It is understood that final assignment is subject to the STUDENT QUALIFYING AND BEING AWARDED FEDERAL WORK STUDY FOR THE 2012-2013 SCHOOL YEAR**, and that the student's work continues to be satisfactory.

Work Study Student Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_ SS#: last four digits \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean that you cannot be hired. The offense, how recently you were convicted and other relevant matters will be evaluated in relation to the job for which you are applying.) YES  NO

Have you ever been fired or received any disciplinary action regarding previous employment?  
YES  NO

I affirm that the above is true and if found to be false, I understand that this may be grounds for my dismissal.

STUDENT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY HIRING SUPERVISOR

Hiring Date (Date form is signed) \_\_\_\_\_ Starting Date (Not before August 20th) \_\_\_\_\_

Department (as listed in banner): \_\_\_\_\_ Position title: \_\_\_\_\_

Organization # of above dept: \_\_\_\_\_ Position # \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Supervisor Printed Name: \_\_\_\_\_

Approver for timesheet :( PRINT) \_\_\_\_\_

Approver 92#: \_\_\_\_\_ Position # of Approver \_\_\_\_\_

Proxy for approver (PRINT): \_\_\_\_\_

92# of Proxy: \_\_\_\_\_ Position # of Proxy: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## TO BE COMPLETED BY FINANCIAL AID

I-9 Date: \_\_\_\_\_ Work Study Award: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING  
REGARDING USE OF DATA COVERED BY  
THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)**

**This Form is Required To Gain Access To Student Data  
And is Required of all Instructors and Advisors,  
WCU employees – student and non-student**

- I understand that as an employee of Western Carolina University (WCU), or as a contractor working on behalf of the WCU System, I will be granted access to records which contain individually identifiable information which is protected by the Family Educational Rights and Privacy Act of 1974.
- I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person(s), or the use of this data outside the limited scope and reason to which access is granted, could subject me to criminal and civil penalties imposed by law.
- I acknowledge that such access is granted on the need to fulfill employment responsibilities and that no data will be copied, stored, disclosed or otherwise used except in the fulfillment of these duties.
- I further acknowledge that such willful or unauthorized disclosure also violates Western Carolina University's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Print Name: \_\_\_\_\_ 92#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I am a:  Student Employee  
 Graduate assistant employee  
 WCU non-student employee

Note: Upon completion of this form, please submit to:  
WCU employees (non-student) to the Office of Human Resources  
WCU student employees (non-work study, undergraduate hourly) to Career Services and (work-study) to Financial Aid  
WCU graduate assistants to the Graduate School

## Western Carolina University Federal Work Study Employee Confidentiality Agreement

In accordance with the trust placed in us by the University and our users, WCU's Federal Work Study (FWS) employees are responsible for maintaining the confidentiality of the data with which they work and for keeping data secure and accessible only to those who have rights to this information.

WCU's FWS employees routinely have access to highly sensitive information that could be considered unusual or of interest to other individuals both inside and outside of the University. The sensitive nature of this information requires that personnel meet the highest standards possible for managing the University's information in a secure and professional manner.

Every employee in WCU's FWS program is responsible for maintaining the confidentiality of data to which they may have access through privileged administrator rights. This includes protecting data from those who do not have authorization to see or access this information. No unauthorized user should see, hear or use user data without the written permission of the data owner or as authorized in writing by a senior administrator with the authority to grant access.

WCU's FWS employees also have responsibility for securing data both while it is in use by authorized users and when it is stored or archived. Do not disclose confidential information to unauthorized persons in any manner of communication, e.g. by file transfer, through written and oral communication, or other means of disclosure.

If at any time personal and/or confidential data is thought to be compromised, notify the direct supervisor immediately. The act of intentionally disclosing user data and/or information to unauthorized persons or causing information to be compromised through gross negligence will be grounds for disciplinary action consistent with regular university procedures.

I have read the above agreement and understand the condition of employment.

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Employee Name (Printed)

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Date

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Employee Signature