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The purpose of this form is to identify and track contracted contingent workers of Florida Tech who may or may 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 \_\_\_\_\_



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**CONTRACT CONTINGENT WORKER 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 (HIPAA) 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 our password is prohibited. A 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.

Contract contingent worker signature \_\_\_\_\_ Date \_\_\_\_\_  
Host signature \_\_\_\_\_ Host printed name \_\_\_\_\_  
Host contact phone \_\_\_\_\_ Host contact email \_\_\_\_\_ Date \_\_\_\_\_  
Dean/ Vice president signature \_\_\_\_\_ Date \_\_\_\_\_

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**INSTRUCTIONS FOR COMPLETION OF THE CONTRACT CONTINGENT WORKER 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 manner once it is no longer required, preventing reporting issues that result in unnecessary manual manipulation of data.