

# **COPPIN STATE UNIVERSITY**

## **Temporary Agency Employee Agreement**

### **General Release From Liability**

In consideration of my agreement to work at Coppin State University, I do hereby release, and forever hold harmless, Coppin State University, the University System of Maryland, and all its employees in connection with the temporary work, from any and all claims, demands, damages, actions, liability, or suits at law or in equity, for personal injury, whether physical or mental, property damage, medical, dental or hospital expenses or any other expenses of whatever kind, including death, which I may have had, now have, or may hereafter have, in any manner connected with, arising from or growing out of my participation in said program.

I acknowledge and sign this Release knowingly and intelligently, and with full and complete knowledge of the purpose of assignment and without any form of duress and/or intimidation whatsoever on the part of Coppin State University.

Signature of Agency Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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## Temporary Agency Employee Agreement

### **General Provisions**

Coppin State University (“CSU”) accepts an individual as an agency employee in any capacity, and the agency agrees to abide by all policies and program regulations. CSU is not responsible for any activity engaged in or responsibility assumed by the agency employee other than those specified in the appointment agreement. Any involvement other than what is mentioned above will be taken at the personal risk of the agency employee. This agreement will terminate at the end of the agency contract period.

### **Confidentiality**

It is understood that in the performance of duties, the agency employee may have access to certain sensitive information about other individuals. Such information may include financial and/or other personal and confidential data. The agency employee agrees to restrict the use of such information to the performance of duties described in the appointment agreement and understands that there is to be no discussion of any individual information except when in direct contact with the appropriate individuals involved or the supervisor. It is further understood that any use of confidential information outside the scope of duties places the agency employee at risk for personal liability.

### **Conflict of Interest**

Agency employees should not promote private or personal interests in conjunction with the performance of duties and shall not attempt to solicit employees or to use confidential information for personal advantage or gain. The agency employee must exercise good faith and integrity in all dealings with CSU.

No employer-employee relationship is created by this agreement; however, we acknowledge that the agency employee may be covered under the Maryland Tort Claims Act in specific situations. It is advisable to obtain personal insurance for further protection. Assignment as a CSU agency employee is open to all persons without regard to race, gender, disability or national origin.

### **Temporary Agency Employee Acceptance Statement**

I accept the terms stated above and will strive to fulfill the responsibilities outlined in this agreement. If there are problems with my responsibilities, I will advise my supervisor immediately. I understand that I will not be paid by CSU for my services, nor will I be eligible to receive any reimbursement for expenses incurred in transportation to and from the assignment. I am also aware that I will not be eligible for any preference for future employment based upon my agency service.

Signed: \_\_\_\_\_  
Agency Employee

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

\_\_\_\_\_  
Supervisor

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



**DEMOGRAPHIC FORM**

NAME						
Title	First	Middle	Last		Suffix	
ADDRESS						
Address 1			City	State	Zip Code	County
Email Address			Home Phone		Mobile Phone	
PERSONAL PROFILE						
Gender	Highest Education Level		Marital Status		Ethnic Group	
ELIGIBILITY/IDENTITY						
Birth Date	Birth Country	Birth State	Country (Citizenship)	Social Security #	Visa Type	Visa # / Expiration Date (if applicable)
MILITARY/VETERAN STATUS						
<input type="checkbox"/> No Military Service <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired Military		<input type="checkbox"/> Prefer Not to Disclose Veteran Status <input type="checkbox"/> Not a Protected Veteran <input type="checkbox"/> Protected Veteran (Please select classification)		<b>Protected Veteran Classification:</b> <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Recently Separated Vet, Dt-_____ <input type="checkbox"/> Active Duty War/Campaign Badge Vet <input type="checkbox"/> Armed Forces Service Medal Vet		
EMERGENCY CONTACT						
Name			Relationship		Phone No.	
EDUCATION						
Name of College or University	Address of College or University		Major	Date Graduated	Degree Received	
Signature					Date	