

Eastern Oklahoma State College

Student Employee Acknowledgement of Responsibilities

(Including maintaining the confidentiality of personal identifiable student information)

I, _____, will adhere by and execute the
(Student Printed Name)
rules, regulations, policies and procedures of Eastern Oklahoma State College. I have read the Student Employment Manual and I represent that I have the qualifications, professionalism, and maturity to handle the responsibilities outlined within.

I further understand that some of my work will involve access to confidential individual identifiable student information/records, the disclosure of which is prohibited 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 could subject me to criminal and civil penalties imposed by law. I further acknowledge that any willful or unauthorized disclosure also violates Eastern Oklahoma State College's policy on confidentiality of student records and could result in termination of my employment, regardless of whether criminal or civil penalties are imposed. I further acknowledge my responsibility to respect the confidentiality of these records and to office services provided to Eastern Oklahoma State College students, faculty, staff and alumni.

Failure to perform my duties as a student worker with the standards of Eastern Oklahoma State College will result in the dismissal of all my responsibilities. I further understand that if I do not honor the confidentiality of individual identifiable material and information, or do not otherwise protect the privacy of departmental and college customers, I may be dismissed immediately. I understand this action to be necessary in order to maintain the high professional standards of the office and the integrity of Eastern Oklahoma State College.

I will adhere to scheduled work hours. If late or unable to attend work, I understand that it is mandatory to notify my immediate supervisor and if he/she is not available, I must notify another staff member and inform them of my status.

I understand that I am required to complete a monthly time sheet for the current month to my supervisor for signatures. I am responsible for completing my time sheet and I agree that I will not complete time sheets for co-workers or friends. I understand that falsifying time sheets in any manner whatsoever may result in immediate dismissal and may expose me to criminal charges and disciplinary action pursuant to the Student Code of Conduct.

I fully understand my job responsibilities and the policies and procedures as stated in the Student Employment Manual and this Acknowledgement of Responsibilities.

Student Signature

Date