

Request Approval for Volunteer:

1. Complete the steps outlined in the Volunteer Section of the BU Website.
<http://www.bu.edu/hr/manager-resources/volunteers/>
 - a. Complete and sign the Volunteer Release
 - b. Fill out the Online Volunteer Request Form
 - c. Upload the Volunteer Release Form to the Request Form
2. **Review and comply with the Research Compliance Environmental Health & Safety policies:** <http://www.bu.edu/ehs/plans/management-plans/laboratory-safety/sops/visitor-policy/>.
3. **Review and comply with Policy on Minors in Laboratories:** <http://www.bu.edu/ehs/files/2010/12/Policy-on-Minors-in-Laboratories.pdf>
 - a. **Request permission in writing for minors to be in the laboratory** from Environmental Health & Safety through the completion of the Application for Student Minor to Enter BU Laboratories.
4. Once Approval is received by Human Resources, please:
 - a. Submit HR Volunteer Approval Form to Patrice Freeman-Lau in the Dean's Office
 - b. Follow the Training and On-boarding Process below.

Training Process Steps:

1. Department request training for the individuals: <http://www.bu.edu/safety/protecting-minors/training/>
 - a. **To request training, complete the Protection of Minors Online Request Form and submit the completed form to pom@bu.edu.**
 - b. Upon completion of the training session, participants should sign a training certification form (available in the Appendix A of Protection of Minors Procedures.)

On-boarding Process Steps:

1. Volunteer complete and sign **Patent Policy**
http://www.bumc.bu.edu/mse/files/2014/10/Patent-Policy-Form_MSE.pdf
2. Volunteer obtain the necessary **Work Permit** <http://www.mass.gov/ago/doing-business-in-massachusetts/labor-laws-and-public-construction/youth-employment/how-to-apply-for-a-youth-permit-to-work.html>
3. PI and department review and follow **Protection of Minors Policy** and procedures:
<http://www.bu.edu/policies/employment/protection-of-minors-procedures/>
 - a. Complete Required Training
 - b. Completed CORI and SORI
4. Submit following paperwork to Patrice Freeman-Lau:
 - a. Volunteer Confidentiality Agreement
 - b. Request for CORI and SORI with the names of the faculty and/or staff who will have unrestricted access to the minor
 - c. Verification of POM Training
5. HR and department will receive status of CORI and SORI
6. If your volunteer needs a **Terrier Card and BU ID#**:
 - a. Create a "Non-Compensated" position in SAP. (OM) Attach a copy of the HR approval to the transaction.
 - b. Hire volunteer into SAP. Enter the volunteer's information into the non-compensated position you created in SAP (PA).

- c. Once the volunteer is moved into this position in SAP, the system will automatically generate a UID number.

7. If your volunteer needs a **BU email address**:

www.bu.edu/tech/services/support/iam/authentication/kerberos/kerberos

VOLUNTEER STATUS CONFIRMATION & CONFIDENTIALITY AGREEMENT

As a volunteer to Boston University, you play an important role in assisting the University to accomplish its education and charitable mission and contributing to the success of students, faculty, and staff. Boston University thanks you for volunteering. A volunteer willingly performs unpaid service for civic, charitable or humanitarian reasons or to gain practical work experience. Volunteers must perform such services without promise, expectation or receipt of compensation, including the promise of future employment, deferred payment, or other tangible benefit. Such services must be offered willingly and voluntarily.

1. Confirmation of Volunteer Status

By signing below I hereby acknowledge and agree that: i) I am volunteering my time and service to Boston University; ii) I am not an employee of Boston University; iii) I do not have any expectation of future employment with Boston University; iv) I have not been promised compensation or anything of value in exchange for volunteering; and v) I do not expect to receive compensation or anything of value in exchange for volunteering.

Further, I understand that I have made no firm commitment to the University. I may come and go as I please. I also understand that Boston University has made no commitment to me and if requested to leave the premises by my supervisor or other employee in the office in which I'm working, I agree to do so. At all times as a volunteer, I agree to act in a courteous and polite manner and I agree to abide by all University policies and procedures.

2. Confidentiality

As a volunteer, I agree to adhere to the confidentiality policies that govern information acquired through my activities. This information may include, but is not limited to, student, faculty and staff personnel, financial or academic records; faculty teaching and research; and, University business information and internal communications, which includes conversations related to office and/or University operations. This may include technical information, patentable inventions, trade secrets as well as information about trademarks and/or copyrights. I understand that both I am obligated to protect the confidentiality of this information, and that I may not reproduce, disseminate or disclose its contents to any third party in any way.

I understand that I am required to follow the terms of the University's Information Security Policy (http://www.bu.edu/policies/pdf/Info_Security_Policy_02-17-10_2.pdf) and the University's Personal Information Protection Program (http://www.bu.edu/policies/pdf/PI_Protection_Program_02-12-10_2.pdf).

Boston University expects that all volunteers will respect the confidentiality of work-related information and adhere to these policies. Any failure to do so may result in legal action to protect University's rights, including dismissal.

Name: _____

Signature: _____ Date: _____

Supervisor's Name: _____

Signature: _____ Date: _____

BOSTON UNIVERSITY

PROTECTION OF MINORS POLICY

I. PURPOSE OF THIS POLICY

Boston University is committed to maintaining a safe environment for all members of the University community. Minor children visiting University facilities or participating in University sponsored programs and activities require particular vigilance in order to protect their safety and well-being. This Policy and accompanying Procedures will guide the conduct of University students, faculty, staff, and volunteers, as well as external individuals and organizations, who operate programs using University facilities that involve interaction with minors.

II. WHO THIS POLICY APPLIES TO

Any member of the Boston University community who sponsors, operates or participates in a program either on or off campus that includes direct contact with minors (either monitored or unmonitored) is responsible for acting in accordance with the provisions of this Policy and the accompanying Procedures. These Policy and Procedures also govern the owners, operators, employees, and agents of Third Party Programs.

III. TERMS USED IN THIS POLICY¹

Abuse means the non-accidental commission of any act by a caretaker upon a Minor which causes or creates a substantial risk of physical or emotional injury; or any act by a caretaker involving a Minor that constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a Minor under the care of that individual.

Campus means all buildings, facilities, and properties that are owned, operated, managed, or controlled by the University.

Direct and Unmonitored Contact with Minors means contact with a Minor when no other criminal background check cleared employee or volunteer is present. A person having only the potential for incidental unsupervised contact with a Minor in commonly used areas, such as hallways, shall not be considered to have the potential for direct and unmonitored contact with Minors. These excluded areas do not include bathrooms and other isolated areas (not commonly utilized and separated by sight or sound from other employees) that are accessible to Minors.

Direct and Monitored Contact with Minors means contact with a Minor when there is a criminal background check cleared employee or volunteer present.

Emotional Injury means an impairment to or disorder of the intellectual or psychological capacity of a Minor as evidenced by observable and substantial reduction in the Minor's ability to function within a normal range of performance and behavior.

¹ Several of the Defined Terms are derived from materials published by the Massachusetts Department of Children & Families and the Massachusetts Department of Education.

Matriculated Student - a student is considered matriculated upon the first day of classes or if he or she participates in any University operated and supervised activity occurring prior to the first official day of class. Boston University Academy (BUA) students will be treated as matriculated students under this Policy.

Minor means any person under the age of 18 who is not a matriculated Boston University or Boston University Academy student and who is unaccompanied by a parent or legal guardian. A person under the age of 18 who is participating in any Boston University Institutional Review Board-approved research activity is not a Minor under this Policy.

Minors Program Coordinator means the individual within each Boston University school, college, unit, or department sponsoring, operating, or participating in an on- or off-campus program involving minors who is primarily responsible for coordinating that department's obligations under this Policy.

Neglect means failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

Physical Injury means death, fracture of bone, a subdural hematoma, burns, impairment of any organ, any other nontrivial injury, soft tissue swelling or skin bruising, addiction to a drug, or failure to thrive.

Procedures means the procedures promulgated pursuant to this Policy and reviewed and updated as necessary, that set forth the specific responsibilities of members of the BU community and Third Parties operating programs or activities involving Minors.

Third Party Program(s) means non-University organizations and entities that lease, license, or otherwise use any BU property in order to operate programs or activities involving Minors.

University Activities means services, programs, or activities that Boston University operates or sponsors, or in which University students, faculty, or staff engage in through their University roles and through which they will have Direct and Unmonitored or Monitored Contact with Minors. Examples of University Activities include:

- residential and non-residential programs operated by the University on Campus;
- off-Campus programs operated or formally facilitated by the University; and
- programs which the University does not operate, sponsor, or formally facilitate but in which University students, faculty, or staff participate in their capacity as students, faculty, or staff.

University Activities do not include programs or activities that University students, faculty, or staff engage in on their own time and that are not related to their University role or status.

IV. POLICY AND PROCEDURES

A. Overview

The following outlines the expectations of members of the BU community who work with minors.

Responsibilities of Operators of University Activities

Each school, college, or administrative unit of the University is responsible for ensuring that University faculty, staff, students, and volunteers who participate in programs that

| | |
|--|--|
| include Minors comply with all applicable aspects of this Policy and accompanying Procedures. | |
| Reporting | <ul style="list-style-type: none"> • Immediately reporting instances of known or suspected abuse or neglect of a Minor to appropriate University and Massachusetts officials in accordance with this Policy and accompanying Procedures |
| Criminal Background Checks | <ul style="list-style-type: none"> • Ensuring that a cleared criminal background check status has been received prior to permitting any member of the BU community to participate in University Activities that include Minors |
| Training | <ul style="list-style-type: none"> • Ensuring that members of the BU community who participate in programs or activities that include Minors receive training (either on-line or Policy/document review) |
| Waivers | <ul style="list-style-type: none"> • Obtaining waivers of liability from parents/guardians of all Minor participants that specifically release Boston University, unless exemption obtained from Risk Management |
| Minors Program Coordinator | <ul style="list-style-type: none"> • Appoint the Minors Program Coordinator primarily responsible for coordinating the school, college, or administrative unit's obligations under this Policy (Minors Program Coordinator) • Provide the name and contact information for the Minors Program Coordinator to Human Resources prior to commencing any University Activity |
| Information/Documentation | <ul style="list-style-type: none"> • Submitting information as requested by the University on programs that include Minors • Maintaining documentation of compliance with the requirements of this Policy and Procedures and any applicable Federal or State Laws |
| Compliance with Federal and State Laws | <ul style="list-style-type: none"> • Complying with any federal or state requirements applicable to services, programs and activities involving Minors, including, but not limited to, the Massachusetts Minimum Standards for Recreational Camps for Children, 105 CMR 430.00, the Massachusetts Mandated Reporter law, M.G.L. c. 119, § 51A, and the Massachusetts Department of Early Education and Care regulations |

| | |
|--|--|
| Responsibilities of Third-Party Program Operators | |
| Owners/operators of Third Party Programs are responsible for ensuring that their employees, agents, and volunteers comply with all applicable aspects of this Policy and accompanying Procedures. | |
| Reporting | <ul style="list-style-type: none"> • Immediately reporting instances of known or suspected abuse or neglect of a Minor to appropriate University and Massachusetts officials in accordance with this Policy and accompanying Procedures |

| | |
|---|---|
| Criminal Background Checks | <ul style="list-style-type: none"> Ensuring cleared criminal background check status has been received prior to permitting any employee, agent or volunteer to participate in a program that includes Minors |
| Training | <ul style="list-style-type: none"> Ensuring that any employee, agent or volunteer that participates in programs involving Minors receives training (either on-line or Policy/document review) |
| Contract With University / Required Elements | <ul style="list-style-type: none"> Entering into a contract with the University prior to operating a Third Party Program Obtaining waivers of liability from parents/guardians of all Minor participants that specifically release Boston University, unless exemption obtained from Risk Management Carrying appropriate insurance that meets requirements designated by the University's Office of Risk Management Maintaining documentation of compliance with requirements of this Policy and accompanying Procedures and applicable Federal and State Laws |
| Compliance With Federal and State Laws | <ul style="list-style-type: none"> Complying with additional federal or state requirements applicable to services, programs, and activities involving Minors, including, but not limited to, the Massachusetts Minimum Standards for Recreational Camps for Children, 105 CMR 430.00, and the Massachusetts Mandated Reporter law, M.G.L. c. 119, § 51A. |

| | |
|--|---|
| Other Interactions with Minors | |
| University faculty, staff, students, and volunteers on Campus are exempt from training and background check requirements only in circumstances described below. | |
| University Classes & Typical Academic Settings (University and Boston University Academy Students Under Age of 18) | <ul style="list-style-type: none"> No training or background checks required by University Required to immediately report instances of known or suspected abuse or neglect of a Minor to appropriate University or the Department of Children and Families in accordance with this Policy and accompanying Procedures |
| Programs or Activities Sponsored by Non-University Organizations or Off-Campus Entities | <ul style="list-style-type: none"> No training or background checks required by University Familiarize and follow policies and legal obligations concerning Minors of non-University organizations and off-campus entities |

B. Specific Policy Requirements

1. Training

The University's general training requirements are outlined below. Specific University requirements and procedures for conducting training are set forth in the accompanying Procedures.

University Activities

All University students, faculty, staff, and volunteers who participate in University Activities must complete a training program prior to being permitted to participate. The elements of such training must include:

- University Recommended Guidelines for Interacting with Minors;
- Warning signs for child abuse or neglect; and
- A review of the process for reporting potential harm to Minors, including obligations of mandated reporters.

Third Party Programs

Owners/operators of Third Party Program(s) involving Minors are required to provide training covering, at a minimum, the above-listed elements to all their owners/operators, employees, volunteers, and agents.

2. Background Checks

The University's general requirements for conducting background checks are described below. Specific University requirements and procedures for conducting background checks are set forth in the accompanying Procedures.

University Activities

Each school, college, or administrative unit operating a University Activity is responsible for ensuring compliance with the University's requirements concerning criminal and sexual offender background checks, as set forth in the Procedures. No University faculty, staff, student, or volunteer who is required to undergo a background check should participate in a program/activity until a cleared status has been received by the operator of the program.

Third Party Programs

Owners/operators of Third Party Programs involving Minors must conduct criminal and sexual offender background checks of their owners/operators, employees, volunteers, and agents in compliance with University standards, as set forth in this Policy and the Procedures.

No owner/operator, employee, volunteer, or agent of a Third Party Program who is required by this Policy or the Procedures, or applicable law, to undergo a background check should participate in a program/activity until a cleared status has been received by the owner/operator of the Third Party Program.

3. Reporting and Addressing Potential Harm to Minors

Any University faculty, staff, student, or volunteer participating in a University Activity and any owner/operator, employee, agent, or volunteer of a Third-Party Program who knows, suspects, or receives information indicating that a Minor participating in such program or activity has been abused or neglected, or who has other concerns about the safety of Minors MUST report such suspected abuse or neglect in accordance with accompanying Procedures.

See [add link to POM Reporting web site here].

Boston University's Confidential Reporting Policy protects individuals from retaliation for reports made in good faith. See <https://secure.ethicspoint.com/domain/media/en/gui/8779/index.html> for more information.

4. Appointing Minors Program Coordinator

Any Boston University school, college, unit, or department that sponsors, operates, or participates in a University Activity will identify a Minors Program Coordinator who will be responsible for coordinating that department's obligations under this Policy. The name and contact information for the Minors Program Coordinator must be provided to Human Resources before that school, college, unit, or department can sponsor, operate or participate in such a program.

5. Violations of the Policy

Violations of this Policy and the accompanying Procedures may result in suspension, termination, other corrective action, and, where appropriate, exclusion from Campus. The University may also take necessary interim actions before determining whether a violation has occurred.

The University may terminate relationships with Third Party Program operators or take other appropriate actions, including contract termination or non-renewal, based on violations of the Policy or Procedures.

V. RESPONSIBLE PARTIES

1. Human Resources is responsible for the following aspects of this Policy and the Procedures:
 - Answering questions about the interpretation or application of the Policy and the Procedures;
 - Maintaining list of Minors Program Coordinators;
 - Conducting criminal background checks (or authorizing school/college/department administrators to do so); and
 - Developing and updating online training that is available to all members of the BU community who participate in programs or activities that include Minors;
2. Risk Management is responsible for the following aspects of this Policy and the Procedures:
 - Reviewing requests for exemptions from liability waiver and background check requirements; and
 - Answering questions regarding Third-Party Program Operators.
3. Each school, college or unit that operates, sponsors, or formally facilitates University Activities is responsible for the following aspects of this Policy and the Procedures:
 - Identifying an individual (Minors Program Coordinator) to HR who will be primarily responsible for meeting that school, college or unit's obligations;
 - Ensuring that a cleared criminal background check status has been received prior to permitting any member of the BU community to participate in University Activities that include Minors;
 - Ensuring that every member of the BU community who participate in programs or activities that include Minors certifies that he or she has completed training (either Policy/document review or on-line training) and will immediately report instances of known or suspected abuse or neglect of a Minor;
 - Obtaining waivers of liability from parents/guardians of all Minor participants unless exempted by Risk Management; and
 - Ensuring that appropriate contracts are in place with any Third-Party Program Operators.

Questions about the interpretation or application of this Policy or the Procedures should be raised with Boston University Human Resources, which shall update or modify the Procedures as necessary. See www.bu.edu/hr

Questions about Third Party requirements should be raised with the Boston University Office of Risk Management. See <http://www.bu.edu/cfo/risk-management/>.

The Policy may be modified by Human Resources when necessary to reflect changes in the law or external regulations relating to the protection of minors. With the concurrence of the Vice President for Administrative Services, the implementing Procedures may be changed as best practices develop for policy implementation.

VI. RELATED POLICIES AND REFERENCES

Protection of Minors Procedures

VII. HISTORY

Effective Date:

Revision Date:

BOSTON UNIVERSITY

PROTECTION OF MINORS **PROCEDURES**

These Procedures accompany the University's Protection of Minors Policy, and are intended as more detailed guidance and support for members of the BU community who sponsor, operate, or participate in programs which include contact with Minors. The Procedures are reviewed and updated periodically by Human Resources, Risk Management, and other administrative units, as necessary. They establish expectations for interactions with Minors, and apply to programs and activities that take place both on and off Campus. These Procedures also apply to owners, operators, employees, agents, and volunteers of Third Party Programs. Terms used in these Procedures are defined in the Protection of Minors Policy.

A. TRAINING

Members of the Boston University community who participate in programs or activities that include Minors are expected to receive training in the following areas:

- University Recommended Guidelines for Interacting with Minors
- Warning signs for child abuse or neglect
- A review of the process for reporting potential harm to Minors, including obligations of mandated reporters

All University students, faculty, staff, and volunteers in University Activities, including services, programs, and activities occurring on and off Campus, and owners, operators, employees, agents, and volunteers of Third Party Programs should receive such training prior to being permitted to participate in programs that include Minors.

Two levels of training are available: (1) online and (2) policy/document review. The appropriate level of training will vary depending on the type of program, and the level of interaction with the Minor(s). Program Operators are responsible for determining which type of training to provide, and for ensuring the appropriate training is delivered (Human Resources is available to work with Program Operators).

Minimum Training Recommendations:

| Type of Service, Program or Activity | Minimum Training Recommended and Timing Examples |
|---|--|
| <p><i>Residential or non-residential services, programs or activities operated by the University on University property</i></p> <p>Examples – campus childcare programs, child development programs, orientation programs, summer school programs for high school students, overnight camps operated by the institution on campus, internships, and student or other programs that bring Minors to Campus.</p> | <p><i>Online Training</i></p> <p><i>Content:</i> Information about working with Minors and a test of the participants’ knowledge of this material.</p> <p><i>Certification:</i> Upon completion of the session, participants should sign a training certification form (available in the Appendix A of these Procedures.) Program Operators should maintain a record of completion of training.</p> <p><i>Timing:</i> Upon hire, first-involvement in activities involving Minors, or a change of engagement in activities involving Minors (for example, if an activity/program involving Minors was formerly non-residential, but becomes residential).</p> |
| <p><i>Services, programs or activities operated or formally facilitated by the University off of University property</i></p> <p>Examples: outreach or community service programs, projects and activities that involve working with Minors required for academic credit.</p> | <p><i>Online Training</i></p> <p><i>Content:</i> Information about working with Minors and a test of the participants’ knowledge of the material.</p> <p><i>Certification:</i> Upon completion of the session, participants should sign a training certification form (available in the Appendix A of these Procedures). Program Operators should maintain a copy of the certification.</p> <p><i>Timing:</i> Upon hire or first-involvement in activities involving Minors</p> |
| <p><i>Services, programs or activities not operated by the University but in which members of the University community participate in their capacity as students, faculty, or staff</i></p> | <p><i>Policy/Document Review</i></p> <p><i>Content:</i> Review materials on the BU Safety website (Guidelines for Interacting with Minors, Warning Signs of Child Abuse/Neglect, and Reporting Suspected Abuse).</p> |

| | |
|--|---|
| <p>Examples: volunteer activities of students, student club activities, activities to support student research projects.</p> | <p><i>Certification:</i> Upon completion of the materials review, participants should sign a training certification form (available in the Appendix A of these Procedures). Program Operators should maintain a copy of the certification.</p> <p><i>Timing:</i> Upon hire or first-involvement in activities involving Minors.</p> |
| <p><i>Third Party services, programs or activities</i></p> <p>For example – summer or other programs to whom the University leases, licenses, or otherwise provides access to the Campus.</p> | <p><i>Policy/Document Review</i></p> <p><i>Content:</i> All owners, operators, employees, agents, and volunteers who will have Direct and Unmonitored or Monitored Contact with Minors should review materials on the BU Safety Website (Guidelines for Interacting with Minors, Warning Signs of Child Abuse/Neglect, and Reporting Suspected Abuse on the Protection of Minors).</p> <p><i>Certification:</i> Upon completion of review of the materials on the BU Safety website, participants should sign a training certification form and Third Party Program Operators should maintain a copy of the certification (see the Third Party Program Contract Addendum in Appendix C).</p> <p><i>Timing:</i> Upon hire or first-involvement in activities involving Minors.</p> |
| <p><i>Minor visitors to campus who are not part of formal services, program, activities or who are accompanied by their parents or teachers.</i></p> <p>For example, Minors who attend campus events or visit an “open” campus.</p> | <p><i>None</i></p> |

B. CRIMINAL AND SEX OFFENDER BACKGROUND CHECKS

Criminal and sex offender background checks are required for any member of the Boston University community who will have direct contact with Minors as part of participation in a service, program, or activity involving Minors unless an exemption is obtained from Risk Management. This includes:

- University students, faculty, staff, and volunteers
- Owners, operators, employees, agents, and volunteers of Third Party Programs
- Programs and activities occurring on and off Campus

Human Resources administers the processing of criminal and sex offender background checks. Certain Program Operators may be authorized by Human Resources to process these background checks directly. **Program Operators** are responsible for ensuring that a cleared criminal and sex offender background check status has been received prior to permitting any member of the BU community to participate in University activities that include Minors.

Background checks must be conducted by the University, or other external source approved by the University, and consist of a social security number trace (excluding students), address locator for seven years, a search of federal and state/county databases for criminal history for the past seven years, and a sex offender registry check. If a background check reveals adverse information or unfavorable results, the University's Chief Human Resources Officer will make a final determination regarding participation in the activity.

Once a satisfactory background check has been received, members of the BU community who participate in University Activities that include Minors must promptly disclose any new felony or misdemeanor conviction(s) to Human Resources. University faculty and staff who have a break in service of more than six (6) months, unless it is an approved leave of absence, and students who withdraw, are suspended or dismissed, or take leaves of absence of more than six (6) months, must undergo a new background check if they reengage in University Activities that include Minors. Except where required by law, the results of criminal and sex offender background checks are kept confidential by the University.

Criminal and sex offender background checks are required for the following populations, if they will have direct and unmonitored contact with Minors (contact with Minors when there is no background check cleared employee or volunteer present):

| <i>Category</i> | <i>Frequency of Background Check</i> |
|---|--------------------------------------|
| Boston University Student - Full-time or part-time matriculated | Every 3 years |
| Boston University Student - Part-time non-degree | Annually |
| Faculty/Staff Full-time | Every 3 years |
| Faculty/Staff Part-time | Annually |
| Volunteers (excluding BU faculty, staff and students) | Annually |

Programs (such as summer camps and others) that are required by law to conduct criminal and/or sexual offender background checks on a more frequent or different basis may have obligations that supersede this Policy.

Third-Party Programs

Owners/operators of Third Party Programs must conduct criminal and sex offender background checks of owners, operators, employees, agents, and volunteers who will participate in programs that include Minors. A certification that background checks have been completed will be required. No Third Party Program owner, operator, employee, agent, or volunteer may participate in a program/activity until a cleared status has been received by the Third Party Program operator. The University may request any additional information from Third Party Programs it deems necessary to meet the requirements of the Policy and these Procedures.

C. REPORTING SUSPECTED ABUSE OR NEGLECT OF MINORS

1. Reporting Obligations

Any member of the Boston University community must immediately report any instance of known or suspected abuse or neglect of a Minor to BUPD and the Minors Program Coordinator, or, if none, the appropriate University official.

In addition, members of the BU community who are considered mandated reporters under Massachusetts law must also report to the Massachusetts Department of Children and Families (DCF) and University officials any known or suspected mental/physical abuse or neglect of a Minor they have come into contact with through their professional role. Mandated reporters under Massachusetts law include but are not limited to:

- Physicians
- Psychologists
- Clinical social workers
- Medical interns
- Dentists
- Teachers
- Counselors
- Police officers
- Allied mental health and licensed human services professionals
- Early childhood education and childcare staff
- Clergy members

Additional information concerning mandated reporters and their respective reporting requirements may be found [here](#).

Questions about who is a mandated reporter under Massachusetts laws should be directed to the Minors Program Coordinator or, if none, the supervisor, program director, dean, or vice president responsible for the University Activity or Third Party Program. Human Resources is also available to provide advice and can be reached at (617) 353-2380.

2. Reporting Suspected Abuse or Neglect of a Minor

a. Notify BUPD.

Immediately contact the Boston University Police Department (BUPD) at (617) 353-2121 or dial 911 if off campus. Remain with the Minor until he or she is safe. A member of BUPD team is available 24 hours a day to respond. The BUPD will coordinate with other areas within and outside the University to investigate the alleged abuse or neglect, and notify parents or guardians, if appropriate. All actions will be handled in a manner that safeguards minors, protects the interests of victims and reporters, and meets relevant legal requirements.

Mandated reporters must also report directly to the DCF by calling the local DCF office (weekdays, from 9:00 a.m. to 5:00 p.m.) or the Child-At-Risk Hotline at (800) 792-5200 (evenings and weekends) and as additionally required by that agency.

b. Notify Appropriate University Official.

Promptly notify the Minors Program Coordinator or, if none, the program supervisor, program director, dean, or vice president responsible for the area the program falls under when it is safe and appropriate to do so.

c. Submit Protection of Minors Safety Report Form.

Submit a **Minor Safety Concern Report Form (Appendix B)** to the Boston University Police Department, or call (617) 353-2121. A member of BUPD team is available 24 hours a day to respond.

d. Questions.

Questions about obligations or what to do in an uncomfortable situation may be discussed with your [Human Resources Consultant \(HRC\)](#) or call Human Resources at (617) 353-2380.

e. Confidential Reporting.

Boston University's Confidential Reporting Policy protects individuals from retaliation for good faith reports about unlawful or other types of misconduct.

See <https://secure.ethicspoint.com/domain/media/en/gui/8779/index.html> for more information.

D. Compliance With Laws

There are several Massachusetts and local laws that apply to services, activities, and programs involving Minors. Ensuring compliance is the responsibility of the sponsoring school, unit, or Third Party Program. Questions concerning the applicability of these laws or regulations to a particular service, program, or activity may be directed to the University's Risk Management Office and Office of General Counsel.

- Massachusetts Department of Public Health's "Minimum Sanitation and Safety Standards for Recreational Camps for Children" at 105 CMR 430.000. For more information, see <http://www.mass.gov/eohhs/docs/dph/regs/105cmr430.pdf>
- Massachusetts Mandated Reporter Law, at M.G.L. c. 119, § 51A. For more information, see <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section51a>
- Department of Early Education and Care (EEC) regulations at 606 CMR 7.00

E. Liability Release

Prior to the start of each University Activity, University schools, colleges, and administrative units will require the parents/guardians of participating Minors to execute the *Boston University Parental Acknowledgment, Consent, and Release From Liability* form attached as Appendix D to these Procedures, unless an exemption is obtained from Risk Management.

Third Party Programs will also require the parents/guardians of Minor participants to execute the form attached as Appendix D or an alternative waiver form provided such form contains substantially all of the same terms as those included in the University's form at Appendix D, including, but not limited to, specifically releasing the Trustees of Boston University from any and all liability arising out of the operation of the Third Party Program.

F. THIRD PARTY PROGRAMS

Owners/operators of Third-Party Programs are responsible for:

- Ensuring any employee, agent, or volunteer that participates in programs involving Minors receives training;
- Ensuring that cleared criminal background checks are secured prior to permitting any employee, agent or volunteer to participate in a program that includes Minors;
- Reporting known or suspected abuse or neglect of a Minor to BUPD and University officials, as outlined in Section C(2) (and to DCF, for mandated reporters)
- Ensuring compliance with federal and state laws, including the Massachusetts Minimum Standards for Recreational Camps for Children, 105 CMR 430.00 and the Massachusetts mandated reporter law, M.G.L. c. 119, § 51A.;
- Entering into a contract with the University prior to operating program involving Minors;
- Obtaining waivers of liability from parents/guardians of all Minor participants as provided in Section E, above (Appendix D);
- Carrying appropriate insurance that meets requirements designated by the University's Office of Risk Management.

Departments with questions or concerns regarding the development or review of a Third Party Contract, Addendum, or Liability Waiver should work with General Counsel and/or Risk Management.

APPENDIX A

PROTECTION OF MINORS TRAINING MATERIALS

University Recommended Guidelines for Interacting with Minors

Appropriate Behavior and Boundaries with Minors:

- All program/activity staff should avoid being alone with a minor, particularly in areas that are not part of the regular daily operation of the program/activity, such as vehicles and/or isolated areas or rooms on campus.
- If a meeting with a minor must take place in an office, keep the door open and have another staff member in the room whenever possible.
- Avoid being alone with a child in a dorm room or a staff member's room, with the exception of undergraduate students hosting minors for programs sponsored by the Admissions Office.
- Avoid showering or changing clothes around minors, or in an area that is accessible to children.
- Avoid any physical contact with minors that could be misinterpreted: an occasional pat on the back, or a touch on the arm to get one's attention is acceptable; back rubs, massages, tickling, rough-house play, and caressing or intimate touching is inappropriate and unacceptable.
- Do not take photographs of children for personal use.
- If staff is given photographs of children, do not post them on social networking sites or publish them in any other form. Families must give written consent to a program/activity operator before any photographs of their child can be used or published publically.

Communication with Minors:

- If it is necessary to take a minor aside for a private conversation relating to behavior or some other issue s/he wants to discuss, do so in full view of other people, or in the presence of a second adult.
- During conversation, do not disclose confidential information about yourself or seek to learn confidential information about the minor (particularly about sex, sexual orientation, and physical or emotional intimacy).
- Use words with care: never berate, harass, intimidate, degrade, or belittle a child.
- Issue praise appropriately, and avoid excessive praise or criticism of any minor.
- Do not tell sexually-oriented or off-color jokes to or in the presence of minors.
- Remember that young children interpret information in concrete ways and they typically do not understand idioms or abstract language. Using concrete language will help to avoid any misinterpretations or confusion on the part of the minor

Warning Signs for Child Abuse or Neglect²

There are often certain recognizable physical and behavioral indicators of child abuse or neglect. The following signs, by themselves, may not be conclusive evidence of a problem, but serve as indicators of the possibility that a problem exists.

Signs of Physical Abuse

- Bruising, welts or burns that cannot be sufficiently explained; particularly bruises on the face, lips, and mouth of infants or on several surface planes at the same time
- Withdrawn, fearful or extreme behavior
- Clusters of bruises, welts or burns, indicating repeated contact with a hand or instrument
- Burns that are insufficiently explained; for example, cigarette burns
- Injuries on children where children don't usually get injured (e.g., the torso, back, neck, buttocks, or thighs)

Signs of Sexual Abuse

- Difficulty walking or sitting
- Pain or itching in the genital area
- Torn, stained or bloody underclothing
- Frequent complaints of stomachaches or headaches
- Venereal disease
- Bruises or bleeding in external genitalia

² These materials taken from *Warning Signs of Child Abuse or Neglect*; The Official Website of the Executive Office of Health and Human Services (EOHHS) – Health and Human Services;
<http://www.mass.gov/eohhs/gov/departments/dcf/child-abuse-neglect/warning-signs.html>; accessed March 12, 2014

- Feeling threatened by physical contact
- Inappropriate sex play or premature understanding of sex
- Frequent urinary or yeast infections

Signs of Emotional Injury

- Speech disorders
- Inability to play as most children do
- Sleeping problems
- Anti-social behavior or behavioral extremes
- Delays in emotional and intellectual growth

Signs of Neglect

- Lack of medical or dental care
- Chronically dirty or unbathed
- Lack of adequate school attendance
- Lack of supervision; for example young children left unattended or with other children too young to protect or care for them
- Lack of proper nutrition
- Lack of adequate shelter
- Self-destructive feelings or behavior
- Alcohol or drug abuse

Each case of child abuse or neglect is individual. The child who has been hurt is always the victim. If you believe a child may be the victim of abuse or neglect, contact the Boston University Police Department at (617) 353-2121 or the Child-at-Risk Hotline at (800) 792-5200.



Protection of Minors
Certification of Training

I have read and understand the Boston University Policy regarding Protection of Minors and completed the training below. I agree to comply with the Boston University Protection of Minors Policy and Procedures and, if applicable, with my obligations as a Mandated Reporter under Massachusetts law.

If I know of or suspect abuse or neglect of a Minor, I agree to immediately notify the Boston University Police Department and the Minors Program Coordinator for my program or, if none, the program supervisor or director, dean, or vice president responsible for my program.

| Program Participation | Services, Programs or Activities | Training Level | Training Completed |
|--------------------------|---|------------------------|--------------------------|
| <input type="checkbox"/> | <i>Residential services, programs or activities operated by the University on Campus</i> | Online Training | <input type="checkbox"/> |
| <input type="checkbox"/> | <i>Non-Residential services, programs or activities operated by the University on Campus</i> | Online Training | <input type="checkbox"/> |
| <input type="checkbox"/> | <i>Services programs or activities operated or formally facilitated by the University off-Campus</i> | Online Training | <input type="checkbox"/> |
| <input type="checkbox"/> | <i>Services, programs or activities not operated by the University but in which members of the University community participate in their capacity as students, faculty or staff</i> | Policy/Document Review | <input type="checkbox"/> |
| <input type="checkbox"/> | <i>Third Party services, programs or activities</i> | Policy/Document Review | <input type="checkbox"/> |
| <input type="checkbox"/> | <i>Minor visitors to campus who are not part of formal services, activities or programs or are accompanied by their parents or teachers</i> | None required | |

Signature

Date

Printed Name

Program/College/Activity Area

Upon completion, please submit this form to your direct supervisor.

APPENDIX B

PROTECTION OF MINORS REPORTING MATERIALS

BOSTON UNIVERSITY
MINOR SAFETY CONCERN REPORT FORM

Location of incident: on campus off campus

Type of concern (potential or observed):

abuse or neglect harm to self harm to others other safety concern

When should this report form be used?

This form should be completed when someone knows, suspects, or receives information that the health or safety of a minor, defined under Massachusetts law as an individual under the age of 18, may be at risk. Concerns may include a specific incident that occurred on/off campus, a suspicion of abuse or neglect, or a suspicion that a minor may be a threat to himself/herself or to others.

Who is required to report concerns of child safety?

- Any University faculty, staff, student, or volunteer participating in a University Activity
- Any owner/operator, employee, volunteer, or agent of a Third-Party Program
- Mandated reporters, under M.G.L. c. 119, § 51A
- Campus Security Authorities, under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act
- Title IX Coordinator and Deputy Coordinators

Members of the BU community with concerns regarding child safety should direct their concerns to the Boston University Police Department at (617) 353-2121. Anyone may contact Department of Children & Families directly using the Child-at-Risk Hotline any time of the day or night at (800) 792-5200.

What if a victim requests confidentiality?

All instances involving a threat to the health or safety of a minor must be reported, regardless of the desire of the minor.

What should you do if you feel a minor is in immediate danger?

If you fear an immediate threat to the minor, contact BUPD immediately at 617-353-2121.

What happens with the information I provide?

The report will be submitted to the [Boston University Police Department](#) for review and the appropriate parties will be notified.

| <i>(optional)</i> REPORTER'S INFORMATION (the reporter and minor can be different people): | |
|--|---|
| Reporter's name (if different than minor involved): | Date of Report: |
| Reporter's Affiliation to BU (student, faculty, staff): | Reporter's Contact Information: <u>Telephone:</u> <u>Email:</u> |

MINOR'S INFORMATION (if reporter and minor are different people)

Minor's name

Minor's Program or Activity:

Minor's Contact Information (if available):

Telephone:

Email:

PARENT/GUARDIAN INFORMATION:

Parent/Guardian's Contact Information (if available):

Telephone:

Email:

OTHER PARTIES INVOLVED

Name(s) (if known):

Affiliation(s) to BU (student, faculty, staff, unaffiliated):

INCIDENT INFORMATION

Date of Incident:

Time of Incident:

Location of Incident:

Brief Description of Incident:

OTHER REPORTS

Have you or has anyone else reported this incident to another department or office (for example: Massachusetts Department of Children and Families, local police, Sexual Assault Response and Prevention Center, Dean of Students, Residence Life, or Human Resources)?

Yes No

If yes, please list department/office or agencies notified: _____

Please return this form to:

Boston University Police Department

32 Harry Agganis Way

Boston, MA 02115

Website: <http://www.bu.edu/safety>

Email: <mailto:bupolice@bu.edu>

Phone: (617) 353-2121

Fax: (617) 353-5534

This form can also be found and submitted online at <http://www.bu.edu/safety/protecting-minors/>

APPENDIX C

SAMPLE THIRD PARTY PROGRAM CONTRACT ADDENDUM

BOSTON UNIVERSITY

PROTECTION OF MINORS CONTRACT ADDENDUM

This Addendum (the “Addendum”), dated _____, 20__ (the “Effective Date”), modifies the terms of _____ (the “Agreement”), dated _____, 20__, by and between Trustees of Boston University (“University”) and _____ (“Program”).

In consideration of the mutual promises and covenants contained in this Agreement, the parties hereto agree as follows:

1. Conflicting Terms. Wherever the terms of this Addendum and the Agreement (including any online terms and conditions which may apply to the Agreement) conflict, the provisions of this Addendum will govern and the Agreement shall be construed accordingly. Silence does not constitute a conflict.
2. Policy and Procedures. Program acknowledges receipt of University’s Protection of Minors Policy and Procedures (the “Policy”).
3. Certifications. By signing below, the Program certifies as to the following:
 - a. The Program’s background check requirements for Program owners, operators, employees, agents, and volunteers comply with the University’s Policy and applicable Massachusetts laws;
 - b. The Program has conducted training required by the Policy and applicable Massachusetts laws;
 - c. The Program will report known or suspected abuse or neglect of a minor in accordance with University reporting protocols; and
 - d. The Program complies with applicable laws and regulations concerning minors (the “Law”), including, without limitation, the Massachusetts Department of Public Health regulations set forth at 105 CMR 430.000, the Massachusetts Mandated Reporter Law (M.G.L. c. 119, s. 51A).
4. Releases. Prior to the start of the Program, the Program will ask participants’ parents or guardians to execute a release in the form attached as Exhibit A. The Program is responsible for collecting and returning the releases to the University school, college, or administrative unit coordinating the Program prior to the first day of the Program. An individual may not participate in the Program unless and until the Program has collected a release and submitted it to the University.
5. Violations. In the event that Program violates or is suspected of violating the Policy or the Law, University may terminate the Agreement with immediate effect.
6. Indemnity. In addition to any indemnification obligations under the Agreement, Program shall indemnify, defend, protect, and hold harmless University, its departments, partners, officers, directors, shareholders, board members, representatives, agents, consultants, employees, affiliates, subsidiaries, and their respective successors and assigns (each an “Indemnitee” and collectively, the “Indemnitees”) from and against all claims, losses, liabilities, damages, lawsuits, actions, proceedings, arbitrations, taxes, penalties, or interest, associated auditing and legal expenses, and other costs incurred by Indemnitee(s) (including reasonable attorneys’ fees and costs of suit) (“Indemnified Claims”) arising from Program’s breach of any representation, warranty, obligation, or covenant of the Addendum or negligence or willful misconduct resulting in bodily injury or property damage to Program, Indemnitee(s) or any third party.
7. Insurance. In addition to any requirements for insurance under the Agreement, Program shall take out and maintain, during the life of the Agreement, General Liability insurance coverage that includes coverage for acts of sexual abuse or molestation committed by its owners, operators, employees, agents, or volunteers providing for a limit of at least \$1 million per occurrence and \$2 million policy aggregate. All insurance required of the Program shall be written on “occurrence” form policies with companies acceptable to the University. As evidence of such insurance, Certificates of Insurance shall be delivered to the University at least fourteen (14) days prior to the first

day of the Program. Such certificates shall show any special coverage provisions required and shall provide for 30 days' notice of cancellation, material change or intent not to renew. Certificates should be addressed to the University's Office of Risk Management.

IN WITNESS WHEREOF, the parties have executed this Addendum under seal as of the Effective Date.

PROGRAM

TRUSTEES OF BOSTON UNIVERSITY

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Exhibit A

**BOSTON UNIVERSITY PARENTAL ACKNOWLEDGMENT, CONSENT, AND
RELEASE FROM LIABILITY**

(See Appendix D)

APPENDIX D

**BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM
LIABILITY**

BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY

For Participation in [*NAME OF SERVICE, PROGRAM, OR ACTIVITY*]

Name of Child: _____

1. I hereby consent to the participation of the child named above in all activities of the [*Name of Boston University Program*] (“the Program.”), to be held at [*name of building/location*]. [**OPTIONAL FOR THIRD PARTY PROGRAMS**] I understand that the Program is not run by Boston University.

2. I understand, recognize and acknowledge that this Program involves activities, such as [*insert list of activities*] that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child’s participation in the Program.

3. In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University (the “University”) and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys’ fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

4. In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

PARENT OR GUARDIAN:

| | |
|-----------|--|
| Signature | Name (Printed) & Relationship to Student |
| | Street Address |
| | City/State |
| | Telephone |

Dated: _____

Minor (Ages 14-17) Employment Permit Process

NOTE: This process is specific to a job. A new permit must be issued if the minor changes jobs, obtains a different position with the same employer, and for each additional employment position or job.

Minor must obtain job offer from employer (may be verbal)

Obtain Work Permit Application from Department of Labor Standards website: <http://www.mass.gov/dols/youth>

Have employer complete the "Promise of Employment" section of the Work Permit Application.

Is the Minor 14 or 15 years old?

If yes:

Doctor must complete "Physician's Certificate of Health" section of Work Permit Application. Minor must obtain School Record from school last attended. School Record can be obtained by the Department of Elementary and Secondary Education Security Portal by a designated School official.

If no:

"Physician's Certificate of Health" not required. Obtain proof Minor meets requirements for completion of 6th grade.

Parent/Guardian/Custodian and Minor must review "Summary of Massachusetts Laws Regulating Minors' Work Hours and Occupations Restrictions" and assess whether the new job meets work hours and restrictions.

If the new job will meet work hours and restrictions, the Parent/Guardian/Custodian must sign the Work Permit Application in section 4 and the minor must sign the Work Permit Application in section 5.

GO TO NEXT PAGE

Minor (Ages 14-17) Employment Permit Process

CONTINUED FROM PREVIOUS PAGE

Does Minor live outside of
Massachusetts?

If yes:

Bring Work Permit Application, School Record or proof of meeting requirements for completion of 6th grade, and proof of age (passport, birth certificate etc.) to public school superintendent in the municipality where the employer is located.

If no:

Bring completed Work Permit Application, School Record or proof of meeting requirements for completion of the 6th grade, and proof of age (passport or birth certificate to either the public school Superintendent of schools where the Minor attends or the Superintendent of schools where the Minor lives.

Superintendent will review school record (14 and 15 year olds) or proof of meeting 6th grade requirements (16 and 17 year olds) then download and complete Employment Permit from the Department of Elementary and Secondary Education Security Portal, if deemed appropriate. The Minor will sign the Employment Permit in the Superintendent's presence. Contact your local school district for more information including: hours, location etc.

School will maintain a copy of all documents. Minor will bring completed Employment Permit to employer, who must keep it on file at all times while Minor is employed, or until the Minor is 18 years old. After which, the Employment Permit may be destroyed. If the Minor's employment ends prior to his/her 18th birthday the Employment Permit must be returned to the issuing Superintendent.



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS**

Employment Permit Application for 14 through 17 Year-Olds

Instructions: After completing the form and obtaining the required signatures as indicated, take this completed form to the Superintendent of Schools, or the person your school has authorized to issue work permits, in the school district where you live or in town where you attend school. You should bring with you proof of your age, such as your birth certificate, passport, or immigration record. The Superintendent, or his or her authorized agent, will then issue you an Employment Permit.

Bring the signed work permit back to your employer who must keep it until you leave the job.

Questions about this application should be directed to the Department of Labor Standards at (617) 626-6952.

If you are under 18 years of age, you must obtain a work permit before starting a new job.¹ G.L. c. 149, §§86-89. The following are the steps you should take; please note that a Physicians Certificate of Health is required only of 14 and 15 year-olds.

Steps for Getting an Employment Permit

1. Obtain a job offer from an employer.
2. Ask the employer to complete the following section:

Promise of Employment

| |
|---|
| Name of Minor: |
| Name of Employer: |
| Business Address: |
| Job Title & Primary Duties: |
| |
| Number of Hours per day Minor is to be Employed: |
| The undersigned agrees to employ this minor as stated above and in compliance with state law. |

¹ Minors who are 17 years of age, who can show documented proof of a high school diploma or the equivalent to the school official authorized to issue work permits, do not need a signed work permit, but must still complete this permit application.

A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.

Signature of Employer or Authorized Agent

Date

3. **For 14 and 15 year-olds only (16 and 17 year-olds may skip this step):** Ask your doctor to complete the following section:

Note: The following Certificate of Health must be signed **within 12 months** of the date this application is presented to the school official issuing the permit.

Physician's Certificate of Health

I hereby certify that I have made a thorough physical examination of the following named 14 or 15 year-old minor:

and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Signature of Physician

Date

4. Ask your parent, guardian, or custodian to sign below.

I hereby approve the issuance of a permit for the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Name of Parent, Guardian, or Custodian

Signature of Parent, Guardian, or Custodian

Date

5. Sign this application below:

Signature of Minor

Date

Summary of Massachusetts² Laws Regulating Minors' Work Hours and Occupation Restrictions

Prohibited Jobs (Hazardous Orders)

Persons under 14 may not work: There are a few exceptions to this such as working as news carriers, on farms, and in entertainment (with a special permit).

Persons under 16 years old may *NOT*:

- Operate, clean or repair power-driven machinery (except office machines or machines in retail or food service not otherwise prohibited)
- Cook (except on electric or gas grills that do not have open flames)
- Operate fryolators, rotisseries, NEICO broilers, or pressure cookers
- Operate, clean or repair power-driven food slicers, grinders, choppers, processors, cutters and mixers
- Perform any baking activities
- Operate microwave ovens (except to heat food in microwave ovens with a maximum capacity of 140 degrees Fahrenheit)
- Clean kitchen surfaces that are hotter than 100 degrees Fahrenheit
- Filter, transport, or dispose of cooking oil or grease hotter than 100 degrees Fahrenheit
- Work in freezers or meat coolers
- Work in a manufacturing facility or occupation (e.g., in a factory, as an assembler)
- Work on ladders, scaffolds or their substitutes
- Work in garages, except dispensing gas and oil
- Work in brick or lumber yards
- Work in amusement places (e.g., pool or billiard room, or bowling alley)
- Work in barber shops
- Work in construction, transportation, communications, or public utilities (except doing clerical work away from heavy machinery off the job-site)
- Work in warehouses (except doing clerical work)
- Load or unload trucks, railroad cars, or conveyors
- Ride in or on a motor vehicle (except in a passenger seat wearing a seatbelt)

² This is a compilation of state and federal child labor laws. The most protective laws are presented here and apply to all employers of teens including parents who may employ their children. There are additional regulations in this area not summarized here and some exceptions for employers in agricultural industries. Questions about the state child labor laws should be directed to the Massachusetts Office of the Attorney General, Fair Labor and Business Practices Division (617-727-3465). Questions about federal child labor laws should be directed to the U.S. Department of Labor, Wage and Hour Division (617-624-6700).

- Wash windows in public or commercial buildings if the window sill is more than 10 feet above the ground
- Work doing laundry in a commercial laundry or dry cleaning establishment
- Work as a public messenger
- Work at processing operations (e.g., in meat, fish, or poultry processing or cracking nuts, bulk or mass mailing)
- Work around boilers or in engine rooms
- Do industrial homework
- Work with dangerous electrical machinery or appliances
- Work that is determined by the Massachusetts Attorney General to be dangerous to the health and well-being of minors
- **Work in any of the occupations or tasks prohibited for persons under age 18**

Persons under 18 years old may *NOT*:

- Drive a vehicle, forklift or work assist vehicle (except golf carts in certain circumstances)
- Ride as a passenger in a forklift
- Operate, clean or repair power-driven meat slicers, grinders or choppers
- Operate, clean or repair power-driven bakery machines (except for certain countertop models and pizza dough rollers)
- Work 30 feet or more above ground or water
- Handle, serve, or sell alcoholic beverages
- Use circular or band saws, guillotine shears, wood chippers, or abrasive cutting discs
- Use power-driven woodworking machines
- Use, service, drive or work from hoisting machines
- Operate or load power-driven paper balers, compactors, or other power-driven paper processing machines
- Use power-driven metal-forming, punching, or shearing machines
- Use buffing or polishing equipment
- Manufacture brick, tile, or kindred products
- Manufacture or store explosives
- Work in excavation, wrecking, demolition, or shipbreaking
- Work in forest fire fighting, forest fire prevention, timber track operations or forestry service
- Work in logging, sawmilling, or mining
- Work slaughtering, packing, or processing meat or poultry
- Work in railway operations
- Work in roofing or on or about a roof
- Work in foundries or around blast furnaces
- Work manufacturing phosphorus or phosphorus matches
- Work where they are exposed to radioactive substances
- Work as a firefighter or engineer on a boat
- Oil or clean hazardous machinery in motion
- **Work in any job requiring the possession or use of a firearm***

Tasks not specifically permitted by the US DOL Secretary of Labor are prohibited.

Legal Work Hours for Teens in Massachusetts

Note: After 8:00 p.m., all minors must have the direct and immediate supervision of an adult supervisor who is located in the workplace and is reasonably accessible to the minor, unless the minor works at a kiosk, cart or stand in the common area of an enclosed shopping mall that has security from 8:00 p.m. until the mall is closed to the public.*

14 and 15 Year Olds

Work Hours

Only between 7 a.m. and 7 p.m. during the school year

Not during school hours

Only between 7 a.m. and 9 p.m. during the summer
(from July 1 through Labor Day)

Maximum Hours When School Is in Session

18 hours a week

3 hours a day on school days

8 hours a day Saturday, Sunday, holidays

6 days a week

Maximum Hours When School Is Not in Session

40 hours a week

8 hours a day

6 days a week

16 and 17 Year Olds

Work Hours*

Only between 6 a.m. and 10 p.m. (on nights preceding a regularly scheduled school day) – if the establishment stops serving clients or customers at 10:00 p.m., the minor may be employed until 10:15 p.m.

Only between 6 a.m. and 11:30 p.m. (on nights not preceding a regularly scheduled school day).

Exception for restaurants and racetracks: only between 6 a.m. and 12:00 midnight (on nights not preceding a regularly scheduled school day).

Maximum Hours of Work – Whether or Not School is in Session

48 hours a week

9 hours a day

6 days a week

* Indicates a change MA Child Labor Laws, effective date January 3, 2007.



Department:

Name of volunteer:

Administrative contact:

Supervisor of volunteer:

Approved By _____

Name & Title:

Your request to engage a volunteer has been approved. To onboard the volunteer, you must complete the following steps:

1. Have your volunteer complete and sign one of these forms:

Patent Policy

CRC: <http://www.bu.edu/provost/files/2012/02/Patent-Policy.pdf>

BUMC: [http://www.bumc.bu.edu/mse/files/2014/10/Patent-Policy-Form MSE.pdf](http://www.bumc.bu.edu/mse/files/2014/10/Patent-Policy-Form_MSE.pdf)

2. In addition, **if your volunteer is under age 18**, he or she must get a work permit before volunteering at BU and you must keep a copy on file at your site.

<http://www.mass.gov/ago/doing-business-in-massachusetts/labor-laws-and-public-construction/youth-employment/how-to-apply-for-a-youth-permit-to-work.html>

You must review and follow **Protection of Minors Policy** and procedures:

<http://www.bu.edu/policies/employment/protection-of-minors-procedures/> which includes any required training and background checks for faculty or staff.

If your volunteer is under age 18 and will be in a **laboratory setting**, you must also follow these procedures: <http://www.bu.edu/ehs/files/2010/12/Policy-on-Minors-in-Laboratories.pdf>

3. If your volunteer needs a **Terrier Card and BU ID#**:

- a. Create a "Non-Compensated" position in SAP. (OM) Attach a copy of this HR approval to the transaction.
- b. Enter the volunteer's information into the non-compensated position you created in SAP (PA).
- c. Once the volunteer is moved into this position in SAP, the system will automatically generate a UID number.

4. If your volunteer needs a **BU email address**:

www.bu.edu/tech/services/support/iam/authentication/kerberos/kerberos

Policy on Minors in Laboratories

Purpose

The purpose of this document is to define and clarify the policies pursuant to which minors will be allowed to access and conduct academic research in the laboratories at Boston University (BU).

Scope

In keeping with the institution's mission of education and outreach, BU provides opportunities to individuals under the age of eighteen ("minors") to gain experience in research laboratories for educational purposes. This policy describes the requirements that must be fulfilled before minors, such as those participating in short term summer internship programs and other mentoring programs will be allowed to participate in different levels of laboratory activities. Principal Investigators or designees of the sponsoring laboratory have primary responsibility to supervise all laboratory activities and to restrict activities, as necessary, depending on the nature of materials (e.g. hazardous chemicals, radiological, biological) found in the lab. The goal of this policy is to help protect the health and safety of the minor and to prevent injury arising from a potential exposure to harmful agents or conditions.

Definitions:

- Minor – any person who has not attained the age of 18 years.
- BSL3 – Biological Safety Level 3
- BSL4 – Biological Safety Level 4
- Select Agent Laboratory Facilities – Laboratories approved by CDC or USDA to possess, use or store biological agents and toxins classified as Select Agents under CDC 42 CFR Part 73; APHIS 7 CFR part 331 and 9 CFR Part 121.
- AVP-RC – Associate Vice President for Research Compliance
- EHS – Environment Health and Safety

Areas Covered by Policy:

This policy applies to all "Hazardous Areas" which is understood to include:

- "Laboratories" – defined as rooms in which hazardous chemicals, radiation, or biological materials are handled or stored.
- Machine rooms, electrical rooms, equipment rooms, or other rooms with unusual hazards

General Requirements:

- Minors are not allowed in a laboratory without written permission of Environmental Health and Safety (EHS). Requests for permission must be provided in writing to EHS using the form in Appendix A. For questions and approval processing, contact EHS at 617-638-8830 at BUMC and 617-353-4094 at CRC.
- Minors must not be left alone or unsupervised while in the laboratory.

- Minors must be at least 15 years of age in order to be allowed access to laboratories with hazardous chemical, radioactive and biological materials for extended visits for education-related reasons.
- Minors below 15 years of age are permitted access to laboratories with hazardous chemical, biohazard or radiation only for short-term visits, such as a high school or middle school tour of a laboratory. Adequate adult supervision must be provided at all times during the visit by the program, the department, the unit or the laboratory sponsoring the visit.
- All minors are prohibited to work or conduct studies in the following areas:
 - BSL3 and BSL4 facilities
 - Select Agent laboratory facilities.
 - Facilities that house or conducts procedures on research animals, unless the minor is otherwise given special permission by the Associate Vice President for Research Compliance (AVP-RC) and the Animal Facility and has completed requisite medical clearance and training requirements.
 - Areas that require operation of equipment or machinery that requires specialized training, skills, or personal protective equipment, such that an individual who is not trained or skilled could incur serious injuries.
- All minors are prohibited from working with radioisotopes, high hazard chemicals or infectious agents or materials.
- All minors must complete the Laboratory Safety Training provided by EHS prior to conducting studies in the laboratory.
- All minors' access to the laboratories shall be terminated upon completion of the program in which the Minor has enrolled or participated.

Requirements of the Principle Investigator/Sponsor:

- Ensure that the laboratory hosting the minor(s) is in compliance with all safety policies, procedures, standards and regulations.
- Complete the “*Application for Student Minors to Enter Boston University Laboratories Form*” (APPENDIX A) and submit for approval.
- Ensure and verify that the “*Parental Consent Form for Minors Entering a BU Laboratory Form*” (APPENDIX B) has been completed and received prior to allowing the minor into the laboratory.
- Notify appropriate oversight committees such as the Institutional Biosafety Committee (IBC) or the Radiation Safety Committee (RSC) in advance if the minor's presence in the lab results in the addition individuals to an approved protocol..
- Ensure that the minor is directly supervised by the PI or designee.
- Ensure that minors have completed the required Laboratory Safety Training by EHS prior to allowing access to the laboratory.
- Ensure that minors have been provided agent and laboratory SOP training as applicable, by the PI or designee prior to allowing access to the laboratory.

- Make available and provide appropriate personal protective equipment and if appropriate, radiation film badge. (The NRC limits persons under eighteen years of age to 10% of the exposure to those eighteen years of age and older.)

Requirements of the Minor:

- Provide the completed and signed ***Parental Consent Form for Minors Entering a BU Laboratory Form***” (APPENDIX B) to the PI or sponsor.
- Complete required Laboratory Safety Training through EHS before starting any work studies in the laboratory.
- As applicable, complete the agent and laboratory SOP training provided by the PI or designee.
- Abide by and follow laboratory Biosafety Level work practices and procedures implemented in the laboratory.
- Use appropriate personal protective equipment when working in the laboratory.
- Report the accidents or injuries to the PI or designee.
- Report accidents or injuries immediately to the Research Occupational Health Program (ROHP) for evaluation and treatment at 617-414-7647.

APPENDIX A

Application for Student Minors to Enter Boston University Laboratories

This form should be completed and submitted by the Program Director or the PI who is sponsoring the minor who wishes to participate in an educational opportunity in a Boston University Laboratory. The proposed activities must not begin until approval is received and the required trainings are completed.

SECTION 1 – Faculty Sponsor or Program Director to complete this section

Name and Department of PI:

Email address of PI:

Contact person for PI (if different):

Name of Student:

Date of Birth:

Age at the start of the proposed activities:

Address:

Relationship to PI (if applicable):

Name of the BU sponsored program organizing the activity, if applicable:

Program Director or Program Head (if applicable):

Description of proposed activities and educational goals, including a list of chemicals and/or materials to be used by the student during the program:

NOTE: ongoing organized programs may alternatively attach their program summary document

Do the proposed activities involve any of the following? *Please answer all.*

Yes No Hazardous materials/activities (i.e. infectious materials, radioactive material, hazardous chemical) : (If Yes, please specify):

Yes No Human subjects

Yes No Animal research

NOTE: If you responded “Yes” to any of the above, please refer to Appendix B for the corresponding training requirements.

Location and description of the laboratory where the educational experience will take place:

Building: _____

Room:

Proposed stipend (if any): _____ Proposed start/end dates:

Person responsible for day-to-day lab supervision:

Supervisory plan for lab activities:

NOTE: Please include a description of the controls that will help to ensure the safety of the student (e.g., observation only, personal protective equipment, fume hood, biosafety cabinet).

Person responsible for ensuring that all training is complete before lab activity begins:

By checking this box, I certify that I have reviewed the Minors in Lab policy and will be responsible for following all policies and procedures related to the student's participation in the proposed educational activities. I have received a copy of the parental consent form available at [_____], signed by the student's parent or legal guardian. I understand that I will keep this document on file for at least 2 years, and will make it available for review upon request.

For EHS Use ONLY:

Approved

Denied

Special Conditions:

Signature

Date

APPENDIX B

Parental Consent Form for Minors Entering a BU Laboratory

Parent/Legal Guardian Name
Address
Address

Date

Consent and Release Form

Dear Parent/Legal Guardian:

This consent and release form is required as part of an application for _____ to participate in an educational program or work at Boston University in a research laboratory in the Department of _____. Your child will work under the direct supervision of _____ in _____.

Individual laboratories vary in the inherent types of potential hazards present. While participating in this program, your child may need to work with or around biological materials, chemicals, radioactive materials or other potentially hazardous materials. As part of [his or her] project, _____ will work with or perform the following:

Briefly describe proposed lab activities – include potentially hazardous materials the student will work with in the laboratory, as well as a specific description of any work involving animals that will be performed by the student.

All educational plans for minors in laboratories are reviewed by the Boston University Office of Environmental Health and Safety to determine that the project is appropriate for a minor student, that appropriate safety precautions are in place and all training requirements are identified and completed before the lab activity begins.

Boston University provides safety training to all personnel who may work with or in the vicinity of potentially hazardous materials – your child will be required to attend laboratory safety training, and may also be required to attend additional training sessions, depending on the nature of his or her particular project. If you have further question on these topics, please call Phone Number for EHS Point of Contact.

Sincerely,

Supervisor or Program Director
Contact Information

By signing this consent and release, I consent to the conditions as outlined above. In addition, I further understand that Boston University's facilities are being made available to _____ as an educational opportunity and that he or she is not a student, regular employee, or affiliate of Boston University. I further understand that Boston University laboratories may contain hazardous substances and equipment and that _____ may be subjected to potential risks that could result in illnesses or injuries. _____ and I understand these risks and assume them knowingly and willingly.

I agree, on behalf of my family, heirs and personal representatives, to assume all risks and responsibilities surrounding _____ use of and access to Boston University's laboratories. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Boston University, its officers, directors, faculty, staff, or agents from and against any claim, loss, or liability for injury to person or property which _____ may suffer, or for which _____ may be liable to any other person, during his or her use of and access to the laboratories resulting from any cause, including but not limited to, negligence by Boston University, its officers, directors, faculty, staff, students or agents.

Minor's Name (PRINT): _____
Parent's/Legal Guardian's Name (PRINT): _____
Parent's/Legal Guardian's Name (*Signature*): _____

Date:



Initial Health Questionnaire



This Initial Health Questionnaire is designed to provide ROHP with the following:

- (a) Information about occupational exposure and risks associated with the position identified in Section 1.1;
- (b) Medical information related to your ability to safely perform the functions of the position; and
- (c) A baseline medical history for ongoing medical surveillance purposes.

PART A of this Questionnaire should be completed as follows:

- 1) **New Hires or Job Candidates:** By Manager or Supervisor and provided to New Hire or Job Candidate to complete
- 2) **Existing Employees:** By existing employee with assistance of Manager or Supervisor to ensure accuracy of occupational exposure and risk.

PART B of the Questionnaire will be completed by the Employee or Candidate holding or seeking to hold the position identified in Section 1.1. Do not share any information in Part B of this questionnaire with anyone including managers, supervisors, or human resources. After Part B is completed, the individual MUST SIGN THE QUESTIONNAIRE.

Submission Instructions: This form can be **mailed, faxed** or **submitted in person** – (a) printed and filled out in pen; (b) filled out on-line, placing the symbol /s/ as a prefix to the spelling of your name in the signature block which will suffice as an electronic signature, printing and sending **electronic by email** to rohpbu@bu.edu; (c) follow instructions in option b and **fax** to (617) 977-8788. THE PREFERRED METHOD IS ELECTRONIC BY EMAIL.

ADDRESS: Research Occupational Health Program (ROHP), BUMC, Evans 825, 72. E. Concord Street, Boston, MA 02118

EMAIL: rohpbu@bu.edu PHONE: 617-414-7647(ROHP) FAX: 617-977-8788

All personal health and medical information provided in PART B is privileged and confidential and will be disclosed by ROHP only with the individual's written consent (See Part B, Section 5 below).

PART A: TO BE COMPLETED BY HIRING MANAGER OR SUPERVISOR OF NEW EMPLOYEE OR CANDIDATE, OR, WITH THE ASSISTANCE OF MANAGER OR SUPERVISOR IF POSITION BELOW IS BEING PERFORMED BY AN EXISTING EMPLOYEE

Section 1.0: Occupational Exposure

Section 1.1: Job Information

| | | | |
|--------------------------|-------------------------|---|---------------|
| Employee/Candidate Name: | | Dept: | Today's Date: |
| Position Title: | Lab Location/Bldg/Rm #: | Campus: <input type="checkbox"/> BUMC <input type="checkbox"/> CRC <input type="checkbox"/> NDL | |
| PI/Hiring Mgr Name: | PI/Hiring Mgr Phone #: | PI/Hiring Mgr Email: | |

Position Description: (Check All that Apply)

| | | | | | |
|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Principal Investigator | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Veterinary |
| <input type="checkbox"/> | Animal Care Technician | <input type="checkbox"/> | IACUC Member or Staff | <input type="checkbox"/> | Environmental Health and Safety |
| <input type="checkbox"/> | Emergency Response | <input type="checkbox"/> | Public Safety | <input type="checkbox"/> | Environmental Services (IT, trades, facilities, etc.) |
| <input type="checkbox"/> | Volunteer | <input type="checkbox"/> | Visitor | <input type="checkbox"/> | Post-graduate/Fellow |
| <input type="checkbox"/> | Undergraduate Student | <input type="checkbox"/> | Other (Please indicate): | | |

Section 1.2: Workplace Description (Check All that Apply)

Please indicate the Workplace type(s) below whose primary use best fits the type of Workplace the position requires work or access to. For example: if the position is administrative but within an animal care facility, the workplace type is Animal Care Facility.

| | | | | | |
|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | NEIDL | <input type="checkbox"/> | Research Laboratory | <input type="checkbox"/> | Animal Care Facility |
| <input type="checkbox"/> | Teaching Laboratory | <input type="checkbox"/> | Other (Please indicate): | | |

Does this position require access to bio-safety or animal research laboratories in any of the workplaces identified above? If 'YES', please identify the bio-safety level(s) where access is required below.

| | | | | | | | | | |
|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-----|
| <input type="checkbox"/> | BSL 4 | <input type="checkbox"/> | BSL 3 | <input type="checkbox"/> | BSL 2 | <input type="checkbox"/> | BSL 1 | <input type="checkbox"/> | N/A |
|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-----|

| | | | |
|--|--|---|---|
| Section 1.3: Workplace Environment (Check All that Apply) | | | |
| Please indicate whether this position requires work, contact or access to the following research materials or subjects by checking the applicable boxes below. | | | |
| <input type="checkbox"/> | Animals | <input type="checkbox"/> | Unfixed tissue (Species): |
| <input type="checkbox"/> | High hazard chemicals | <input type="checkbox"/> | Class 3b or 4 laser |
| <input type="checkbox"/> | Human cells, tissue, or blood | <input type="checkbox"/> | Recombinant (rNDA) |
| <input type="checkbox"/> | Patients/Human subjects | <input type="checkbox"/> | Radioactive material |
| <input type="checkbox"/> | Unfixed NHP tissue | <input type="checkbox"/> | Field studies |
| <input type="checkbox"/> | Other (Please list): | | |
| Section 2.0: Risk Assessment | | | |
| Section 2.1: Exposure to Animals | | | |
| YES | NO | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this position require contact with animals? If 'YES', please identify the type(s) of animal species below. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Rodents (mice, rats, hamsters, gerbils, etc.)? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Small animals (rabbits, chinchillas, guinea pigs, other): | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pigs | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fish, frogs, or other aquatics | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: | |
| <input type="checkbox"/> | <input type="checkbox"/> | NHP (Macaque) – (Bi-annual TST required if working with NHP's or Mycobacterium tuberculosis) | |
| Section 2.2: Exposure to Infectious Agents | | | |
| YES | NO | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this position require work with infectious agents? If 'YES', please identify the type(s) of infectious agents below. | |
| Risk Group 3: | | | |
| <input type="checkbox"/> | Francisella tularensis | <input type="checkbox"/> | Mycobacterium tuberculosis Erdman |
| <input type="checkbox"/> | Japanese encephalitis virus | <input type="checkbox"/> | Mycobacterium tuberculosis H37Rv |
| Risk Group 2: | | | |
| <input type="checkbox"/> | Burkholderia cepacia | <input type="checkbox"/> | Chlamydia trachomatis |
| <input type="checkbox"/> | Cryptosporidium parvum | <input type="checkbox"/> | Dengue virus |
| <input type="checkbox"/> | Enterovirus 71 (Sarawak serotype b) | <input type="checkbox"/> | Escherichia coli (EHEC strain) |
| <input type="checkbox"/> | Herpes B virus | <input type="checkbox"/> | Human immunodeficiency virus |
| <input type="checkbox"/> | Japanese encephalitis virus vaccine strain | <input type="checkbox"/> | Klebsiella pneumoniae |
| <input type="checkbox"/> | Measles virus | <input type="checkbox"/> | Methicillin-Resistant Staphylococcus aureus |
| <input type="checkbox"/> | Mycobacterium bovis BCG | <input type="checkbox"/> | Neisseria gonorrhoea |
| <input type="checkbox"/> | Plasmodium falciparum | <input type="checkbox"/> | Polio virus |
| <input type="checkbox"/> | Salmonella typhimurium | <input type="checkbox"/> | Streptococcus pyogenes (Group A) |
| <input type="checkbox"/> | Vancomycin-Resistant enterococci | <input type="checkbox"/> | Vibrio cholera Pacini (strain N16961) |
| <input type="checkbox"/> | Yersinia enterocolitica | <input type="checkbox"/> | Other: |

| PART B: TO BE COMPLETED BY EMPLOYEE OR JOB CANDIDATE | | | |
|---|----------------------------|---|--------------------------|
| Please answer all questions completely | | | |
| Section 3.0: Medical Health History | | | |
| Section 3.1: Personal Information | | | |
| Full Name: | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: |
| Home Address: | | | Home phone: |
| Employer: <input type="checkbox"/> BU <input type="checkbox"/> BMC | Employee ID #: | | Email: |
| Work phone: | | Cell phone: | |
| Emergency Contact: | | Relationship: | Phone #: |
| Section 3.2: Review of Systems | | | |
| Allergy and Respiratory System Health History | | | |
| YES | NO | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or other chronic respiratory disease. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergic skin reactions such as hives, rash or itching. If yes, please explain: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin conditions such as eczema, psoriasis, dermatitis. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Known or suspected animal allergies. Please check off any animal-related reaction(s): <input type="checkbox"/> Runny/stuffy nose <input type="checkbox"/> Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> Chest tightness <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Hives <input type="checkbox"/> Skin rash <input type="checkbox"/> Throat swelling If yes, please list animal(s): | |
| <input type="checkbox"/> | <input type="checkbox"/> | Known or suspected allergies to chemicals, latex, food or environment. If yes, please list: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently using respiratory protection or a mask? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, have you been fit-tested? Please list type or respirator/mask you are using: | |
| Immune/Metabolic System Health History | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic health conditions such as diabetes | |
| <input type="checkbox"/> | <input type="checkbox"/> | Valvular heart disease | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reproductive health counseling available – Would you like to speak with an occupational health provider? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney or liver disease | |
| <input type="checkbox"/> | <input type="checkbox"/> | History of spleen problems or absence of spleen | |
| <input type="checkbox"/> | <input type="checkbox"/> | Immune system deficiencies or other limitations to your ability to fight off disease or infection (i.e. cancer, lupus, organ transplant, HIV infection, chronic infections, take oral steroids, anti-TNF medications). If yes, please list: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any questions concerning your health as it relates to the workplace that you would like to discuss with an occupational health professional? If yes, an ROHP clinician will be contacting you. | |
| Section 3.3: Immunizations | | | |
| Please check the boxes to indicate which immunizations you have received in the past: | | | |
| <input type="checkbox"/> | Tetanus/diphtheria or Tdap | <input type="checkbox"/> | Measles |
| <input type="checkbox"/> | Mumps | <input type="checkbox"/> | Varicella (Chicken pox) |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | Rubella (German measles) |
| <input type="checkbox"/> | | <input type="checkbox"/> | Hepatitis B |
| Section 3.4: Tuberculosis Screening | | | |
| Date of your last TB test? | | If history of positive TB test, please indicate date: | |

My signature below indicates that I have answered the questions above truthfully, completely, and to the best of my ability.

Employee/Candidate Signature:

Date:

Note: If submitting electronically, type /s/ as a prefix to your typed name above

Section 4.0: Important Information

Federal law prohibits employers from requesting genetic information of an employee or an employee’s family member unless an exception applies. "Genetic information" includes your family medical history, the results of your or your family member’s genetic tests, and the fact that you or your family member sought or received genetic services. Please do not provide such information when completing this questionnaire. Additional information is available at: www.bu.edu/eoo/federal-and-state-laws/federal.

The medical records created as a result of services performed by the health care professionals employed or contracted by the Boston University Research Occupational Health Program (ROHP) are the property of Boston University. Occupational Environmental Health Network, Inc. (OEHN) is contracted by Boston University to provide medical services as part of the ROHP. Your medical records will be maintained by OEHN on behalf of Boston University Your consent will be requested when medical records are needed by other medical institutions to perform diagnostic tests or examinations related to fitness for duty or medical surveillance. Certain disclosures of your protected medical records such as records relating to drug and alcohol treatment, mental health, AIDS/HIV, and genetic testing requires a separate written authorization by you. Prior authorizations for disclosing such records may be withdrawn by written request.

Past medical records may have been created as a result of services performed by health care professionals employed by or contracted by the Occupational Environmental Medicine (OEM) department of the Boston Medical Center related to and during the term of your employment with Boston University or the Boston Medical Center. These medical records are currently maintained by OEM and are the property of the Boston Medical Center. As historical medical records are an important consideration in the performance of medical surveillance, evaluations, and provision of appropriate medical care, it is important for the health care professionals at ROHP to be able to review these records maintained by OEM. Likewise, it is important for ROHP health care professionals to be able to review medical records concerning you that were created by and are retained at Boston University’s Charles River Occupational Health Center.

Section 5.0: Consent for Examination and Authorization for Disclosure

I hereby authorize the health care professionals employed or contracted by the Boston University Research Occupational Health Program (ROHP) to examine me and maintain medical records created as a result of such medical examination. This authorization includes:

- (a) Permission to review health information maintained by Boston Medical Center Occupational & Environmental Medicine (BMCOEM) and by Boston University’s Charles River Occupational Health Center.
- (b) Permission to obtain routine diagnostic tests, if necessary, to provide me with any immunizations which may be required, and to perform a physical examination to assess my ability to perform my job.

I understand that this evaluation has been requested by Boston University and hereby authorize the health care professionals employed or contracted by the Boston University ROHP to provide a comprehensive report to my employer relating to my fitness for duty. I understand that such a report may include information on my medical history and medical conditions to the extent this information is relevant to an assessment of my ability to safely perform the duties of my position. I acknowledge that my health information may also be released to others for purposes of treatment, payment, or health care operations and for other purposes as required or permitted by workers compensation law or other applicable law. I understand that I may request a copy of my medical record by submitting a written request.

Employee/Candidate Signature:

Date:

Note: If submitting electronically, type /s/ as a prefix to your typed name above

For Clinic Use

ROHP Health Care Provider Signature:

Date:

Provider Notes:



Boston University Human Resources

Conflict of Interest Policy Employment Disclosure Form

In accordance with the Conflict of Interest Policy of Boston University, all applicants who are interviewed for regular full-time or regular part-time positions at Boston University are required to provide the following information.

Do any member(s) of your immediate family currently work at Boston University or currently serve as a member of the Boston University Board of Trustees? A member of one's Immediate Family means:

- spouse
- a child, grandchild, parent, grandparent, brother, sister, uncle, aunt, nephew, niece or the spouse of any such person
- a person having a step-relationship described above
- parents-in-law, brothers- or sisters-in-law, sons- or daughters-in-law
- any person who resides in the same household as you

Yes _____ No _____

If YES, please provide the following information:

| Name(s) of Immediate Family Member(s) | Department or Board Member |
|---------------------------------------|----------------------------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

I represent that the information I have provided is true to the best of my knowledge and I understand that any misrepresentation of information on this form may be grounds for denial of employment or my immediate dismissal.

Print Your Name

Your Signature

Date



School of Medicine
School of Dental Medicine
School of Public Health

BOSTON UNIVERSITY MEDICAL CENTER

PATENT POLICY AND AGREEMENT

Boston University Medical Campus
715 Albany Street
Boston, MA 02118

BOSTON UNIVERSITY MEDICAL CENTER
PATENT POLICY AND AGREEMENT

PREAMBLE

The patent policy outlined herein is the Policy of the Boston University Medical Center, whose constituent members are Boston University School of Medicine, Goldman School of Dental Medicine and Boston Medical Center Corporation (collectively referred to hereafter as the "Medical Center"). The Medical Center recognizes that patentable inventions may be made in the course of research sponsored by the Medical Center and/or by others through the Medical Center. It is the desire of the Medical Center to maximize the benefits to the individual who makes such patentable inventions, to the Medical Center and to the general public, and, thus, to stimulate initiative in the faculty, staff, and employees of the Medical Center. The Medical Center recognizes that this may best be accomplished through patenting and licensing such inventions in a manner consistent with the public interest and for such purpose the Medical Center hereby establishes the patent policy set forth herein. This Policy supersedes the policy as issued March 1, 1963 and amended November 23, 1981 by the predecessor constituent members of the Medical Center, namely, Boston University School of Medicine, Goldman School of Graduate Dentistry and University Hospital, Inc., and all other patent policies and amendments therein applicable to the Medical Center.

1. PATENT POLICY

- A. In order to protect the public good and the Medical Center, and in order to fulfill obligations to research sponsors, the Medical Center shall claim equity in all discoveries and its right to acquire the title to and control of such discoveries where the discoveries are made by faculty, staff, employees, or students (including all types of trainees or postgraduate residents or fellows) working on or arising from programs supported in whole or in part by funds, space, personnel, or facilities provided by the Medical Center.
- B. Where a discovery is made by an inventor outside of any program conducted by the Medical Center, and the inventor can demonstrate that the Medical Center did not provide or administer significant funds, space, personnel, or facilities for work leading to the discovery, the discovery shall remain the exclusive property of the inventor or his/her sponsor. The Medical Center shall not ordinarily consider provision of office, classroom, or library facilities as constituting significant use of Medical Center funds, space, personnel or facilities.
- C. When necessary, the Medical Center Patent Committee shall decide whether an invention or discovery should be classified under Paragraph 1A or 1B. The decision of the Committee is appealable to the Medical Campus Provost and the President of Boston Medical Center Corporation, who shall jointly render a decision.

2. ROYALTIES

Where the Medical Center is entitled to equity in a discovery, any "Net Royalties" (as defined below) that are earned from the invention shall be allocated among the inventor(s) and constituent members of the Medical Center in accordance with this Paragraph. "Net Royalties" are defined as gross royalties less amounts granted by the Medical Center specifically for the invention or discovery process, and the costs of securing, protecting, preserving, and maintaining patents, and of licensing and marketing of the patent rights, or other costs or fees directly attributable to the inventions being licensed. The Boston University Community Technology Fund ("CTF"), when it acts as agent for the administration of patents or discoveries made within the Medical Center, shall receive the percentage set forth below of the Net Royalties. The remaining Net Royalties shall be divided among the inventor(s) and constituent members of the Medical Center, including

any shares to be allocated to the department or division of the inventor(s), in the following proportions depending upon which constituent member of the Medical Center provided the resources that permitted the invention to be made:

| <u>If BUSM</u> | <u>%</u> | <u>If BMC</u> | <u>%</u> | <u>If GSDM</u> | <u>%</u> |
|----------------|----------|---------------|----------|----------------|----------|
| Inventor(s) | 30 | Inventor(s) | 30 | Inventor(s) | 30 |
| Department | 10 | Department | 10 | Department | 10 |
| BUSM | 35 | BMC | 35 | GSDM | 35 |
| CTF | 20 | CTF | 20 | CTF | 20 |
| BMC | 2.5 | BUSM | 2.5 | BMC | 2.5 |
| GSDM | 2.5 | GSDM | 2.5 | BUSM | 2.5 |

Ordinarily, CTF will be responsible for determining which constituent member's resources permitted the invention to be made and reporting these decisions regularly in writing to the Medical Center Patent Committee. The principal resources to be considered in making this decision are external grant support awarded to an institution, internal support provided by an institution and space provided by an institution to support the work leading to the invention. If more than one constituent member has provided resources, the institutional shares shall reflect the proportion of total resources provided by each constituent member. In the event that one or more of the constituent members do not agree with the decision of CTF (or in the event that CTF is not acting as the administrative agent for the invention), then the decision shall be made jointly by the Medical Campus Provost and the President of Boston Medical Center Corporation.

The allocation of Net Royalties set forth above may be varied upon the written consent of the inventor(s), the President of Boston Medical Center Corporation and the Medical Campus Provost.

3. DISCLOSURES

Because the securing of rights in discoveries and inventions depends on prompt and efficient patent application and administration, all faculty, staff, students, and employees of the Medical Center who make inventions or discoveries shall immediately disclose said inventions or discoveries to the Director of the Office of Technology Transfer of CTF, and to the inventor's supervisor. This disclosure obligation shall apply to all inventions and discoveries without regard to whether they fall under Paragraph 1A or 1B above. The Director of the Office of Technology Transfer shall refer requests for classification under Paragraph 1B to the Medical Center Patent Committee for decision, and shall communicate the Committee's decision to the inventor(s).

4. PATENT ADMINISTRATION

The Boston University Community Technology Fund shall ordinarily be the agent of the Medical Center for the administration of inventions and discoveries covered under Paragraph 1A subject to the terms herein. The Medical Center Patent Committee shall consist of an equal number of representatives appointed by Boston University and by Boston Medical Center Corporation. The members of the Committee, and its Chairman, shall be designated by the Medical Campus Provost and the President of Boston Medical Center Corporation. CTF shall render a written semiannual report to the Provost of the Medical Campus, the President of Boston Medical Center Corporation and the Patent Committee on the disposition and status of all inventions and discoveries submitted.

In the absence of a Medical Campus Provost, the President of Boston University shall perform all of the duties of such Provost under this Policy.

5. COVERAGE

This Policy shall cover only discoveries and inventions that are patentable as the term is defined in the United States Code, as amended, or the laws of other countries where applications are filed.

6. DISPUTE RESOLUTION

Any disputes that arise under this Policy that are not resolved by the Medical Campus Patent Committee shall be referred to the Medical Campus Provost and the President of Boston Medical Center Corporation for resolution by joint decision.

7. ACKNOWLEDGMENT AGREEMENT

An appropriate form shall be signed by all faculty, staff, employees and students working at the Medical Center providing for specific acceptance of the terms of this Policy. Rights and obligations under this agreement shall survive any termination of enrollment, appointment or employment at the Medical Center.

Nothing herein contained is intended to grant or dispose of any right, title, or interest to any disclosure, idea, improvement, or invention, whether patentable or not, which has been supported or funded by outside parties who acquire rights to such disclosure, idea, improvement or invention.

8. CONSULTING AGREEMENTS

The rights of the Medical Center under this Policy, and the interests of sponsors under research grants or contracts, may not be abrogated or limited by consulting agreements or other contracts entered into between Medical Center students, trainees, medical staff members, faculty or employees and outside organizations or employers. Medical Center students, trainees, medical staff members, faculty and employees should inform outside employers of their obligations and commitments to the Medical Center under this Policy. Such students, trainees, medical staff members, faculty and employees should ascertain that patent clauses in their agreements are not in conflict with their obligations to the Medical Center under this Policy. Each student, trainee, medical staff member, faculty member and employee should make his/her obligations to the Medical Center clear to those with whom such agreements may be made, and should ensure that they are provided with a current statement of this Policy. Upon request, the Office of Technology Transfer will provide a standard clause which may be inserted in a student's, faculty member's or employee's consulting agreement. This clause will put third parties on notice as to the Medical Center's rights under this Policy with respect to inventions and discoveries. In cases of conflict over disposition of rights, the Medical Center reserves the ultimate right to determine the final disposition of the rights and interests involved.

9. ADOPTION AND EFFECTIVE DATE

The above Policy is adopted on behalf of the Boston University Medical Center by the Trustees of Boston University and Boston Medical Center Corporation, effective as of August 1, 2000 ("Effective Date").

10. TERM

This Policy shall continue in effect until termination by the Trustees of Boston University or by Boston Medical Center Corporation, by written notice from one to the other. The Policy shall cover any and all inventions and discoveries which are disclosed or occur after the Effective Date and which are disclosed prior to termination.

PATENT AGREEMENT

I affirm that I have received and have read the Boston University Medical Center Patent Policy. For and in consideration of the provisions by Boston University Medical Center of support in the form of funds, space, personnel, facilities, instruction, supervision or other assistance, I hereby accept, and will abide by, and fully comply with the aforesaid Patent Policy as determinative of my rights and obligations in relation to any discoveries or patentable inventions.

Signature

Date

Name (please type or print)

Department

Boston University

Institution

About This Guide

Complete an Organizational Management (OM) Create Position form when you want to create a position which doesn't currently exist within your organizational (org) structure.

Notes

On the Create Position form, you have 2 options for creating a position:

A. **Create from Job**

Create from Job allows for a position to be created using a job code. One, 20001554 (*To be determined*) allows the Compensation team to assign the correct job code when they see the Create Position form via their Workflow approval.

B. **Copy from Position**

Copy from Position - Use this option when the new position will be the same as an existing position currently within your org structure.

Notes:

- Copy from position will produce a new position with a different position number from the one it was copied from. Each position in SAP has a unique position number
- An org unit can have only 1 manager assigned to it
- If there is already a manager assigned to the org unit your manager-level position will be in, you must first complete an OM **Org Unit Request** form
- Once the Org Unit Request form has been approved, you can proceed with completion of a *Create Position* form

Prior to Creating a Position

- **Contact Central HR to work with them on details for the position you want created**
- Keep in mind Workflow and timing of your Create Position form submission. Actions on the Personnel Administration (PA) side often require an OM position form first be approved. Avoid waiting until the last minute to complete a **Create** (or **Maintain**) **Position** form
- **Check your Org Structure** to determine if a similar position to the one you want to create already exists. If this is the case, obtain the Org Unit ID and Position ID (helpful when using **Copy from Position**). Refer to the segment below for instructions on looking up a position

Looking up a Position within Your Org Structure

1. From the **BUworks Central portal**, click the **Manager Self-Service** or **Payroll Coordinator** tab.
2. Click the sub-tab of **Organization**.
3. Click the **Organizational Overview** link to obtain the ID of the org unit.
4. From the **Org Unit Selection** dropdown, select **Organizational Structure**.
5. Select the appropriate org structure and sub-unit from the list that the position will fall under. For example:



(Continued in the next column)

Looking up a Position in Your Org Structure (cont.)

6. Refer to **Account Assignment Features** to review and mark down existing, active positions for the Org Unit you selected, including the **Position ID** and **Holder** (i.e. employee) of the position. This will help should you opt to use **Copy from Position** later.
7. Click the **Close** button  to exit. **You are now ready to create the position.**

Accessing the Create Position Form

1. From the **BUworks Central portal**, click your **Manager Self-Service** or **Payroll Coordinator** tab.
2. Click the sub-tab of **Organization**.
3. From **Organizational Management Actions**, click the link labeled **Create Position**. The screen refreshes and the **Create Position** form appears, shown below:

You've successfully accessed the Create Position Form!

(Proceed to the next page)

Completing the Create Position Form

You have successfully accessed the Create Position form and are now ready to start completing it:

The screenshot shows the 'Create Position' form with a progress bar at the top indicating five steps: 1. Action Type, 2. Position Details, 3. Cost Distribution, 4. Descriptions, and 5. Essential Functions. The 'Type of Action' section includes a 'Refresh' button, a 'Number of Positions' input field set to '1', and two radio buttons: 'Create from Job' (unselected) and 'Copy from Position' (selected). Next to the 'Copy from Position' radio button is a text box containing '00000000' and a 'Select Position' button. Below this is an 'Attachments' section with a table for file names and a 'Select File' field with a 'Browse...' button. At the bottom, there are buttons for 'Attach File', 'Delete File', and 'Clear/Reset', along with a 'Comments' text area.

- 1. Number of Positions** (*you want to create*) – Though defaulting to “1”, you can change this value to indicate the number of (exact same) positions you want to create.

Notes:

- Increasing the Number of Positions from 1 to a greater number is common when creating multiple (typically Casual) positions
- If you're using separate budget lines, leave the Number of Positions at “1”, as these positions will need to be separately created positions (i.e. requiring completion of *separate Create Position* forms)
- Remember, there is a 1:1 relationship between a position and an employee assigned to it - though an employee can hold more than one position

Create from Job vs. Copy from Position

This screenshot is similar to the previous one but shows the 'Create from Job' radio button selected. The text box next to it contains '00000000' and the 'Select Job' button is highlighted.

- As stated on page 1, when completing a Create Position form, you have two options: **Create from Job** or **Copy from Position**. Let's look closer at each, starting with Create from Job.

Using “Create from Job”

This option should be used if you know the specific job code that is associated with the position you wish to create.

Clicking **Create from Job** allows you to search across list of **all** BU job codes for the specific job code you want, using the match code icon . **Tip:** In the **Create from Job** text box, you can enter one these 3 commonly-used, generic Job Codes if you aren't sure which Job code to choose from the list:

- **For a Casual position you're creating, enter 20001551**
- **For a Non-Compensated Faculty position you're creating, enter 20001552**
- **For a Non-Compensated Staff position you're creating, enter 20001553**
- **If you are not sure which job code to use, enter 20001554, for To Be Determined (TBD).**

Note: Compensation will assign the correct job code when they see the Create Position form via Workflow approval.

Next - You MUST CLICK the  button!

(Continued in the next column)

Create from Job vs. Copy from Position (continued)

No matter if you've found the specific job code you want or chose to enter 20001551, 20001552, 20001553, or 20001554 you must always select the  button.

Doing so confirms your selection and actually displays it on the screen, next to the  button. Using the 20001554 - TBD example, the screen would display as follows:

This screenshot shows the 'Create from Job' radio button selected. The text box next to it contains '20001554' and the 'Select Job' button is highlighted. To the right of the 'Select Job' button, the text 'TBD To Be Determined' is visible.

Using “Copy from Position”

The other option for getting a position created is using Copy from Position. Copy from Position should be used when you want to create a new position from one which already exists within your Org Structure. The new position will inherit all of the attributes of the position it's copied from. It will, however, have its own unique position number.

Note: Although “copying,” you are permitted to make edits as you go along, given the “new” position will likely require at least minor updating.

As with Create from Job option, you can search for a position by clicking the match code icon  and choose an option from the list. **Note:** the search is conducted against ONLY positions within your Org Structure, as opposed to all of BU, as with the Job Code search).

(Proceed to the next page)

Attachments

At this point, you've opted to either Create from Job or Copy from Position (Note: in our example, we've opted to use **Copy from Position**).

We're now looking at the remaining half of the **Action Type** tab of the Create Position form, shown below:

3. "Attachments"

Uploading attachments is **optional**. It is intended for adding attachments containing information specific to the position ONLY. For example, for a *Lab Technician* position, the attachment might contain an expanded list of chemicals the employee will be working with.

Notes:

- The Create Position form being completed will ultimately pass through Workflow for official approval (Comp, Budget, Dept. Level 1 and/or Level 2 approvers) Therefore, you need NOT attach any "offline approval" documents as a means of getting a position past Workflow approval

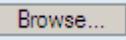
(Continued in the next column)

Attachments (continued) and Comments

"Attachments" (continued)

- NEVER attach documents containing sensitive, employee-specific information
- Attached documents will live on the Position after it's created (not the employee record). They can be viewed via the Maintain Position form. Attachments do not appear in the back-end/SAP
- Information contained within an attachment is not extracted or validated; therefore it will not be searchable nor reportable (i.e. accessible via reporting) in SAP

To upload an attachment:

- Click  to locate the file on your computer.
- Select the file from your local drive. It will then appear on the Create Position form (by name) in the textbox.
- Click .

4. "Comments"

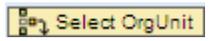
Notes:

- Comments are optional. They have a character limit of roughly 150 (which includes spaces), so be concise in what you enter
- Comments are not seen by the HR Recruitment team, only the Workflow approval groups (Budget, Comp, Dept. Level 1 and/or Level 2 approvers)
- There is a specific field which will be seen later on the *Additional Data* tab called *Recruitment Comments* which can be used to enter comments intended specifically for communicating with the HR Recruitment team

The "Position Details" Tab

5. Click . The **Position Details** tab appears:

- Effective Date** – The earliest date the position can exist as an object in SAP & display within your org structure (remember- the form needs to go through approvals, which could delay the position appearing in your org structure). **Tip:** Given most positions are created because there is an "immediate" need to hire, the Effective Date often is entered as today's (i.e. the current) date.
- Organizational Unit** – This field will pre-populate if you used *Copy from Position*. **Note:** It will need to be searched for and entered if you used *Create from Job*.

Tip: make sure to click the  button after you enter your Organizational Unit.

(Proceed to the next page)

The "Position Details" Tab (continued)

8. **Job** appears, based upon use of **Create from Job** or **Copy from Position**.
9. **Position Long Name (Business Card Title)** – Use this field **only** to enter the name of the position as it might appear on a business card. For example:

| |
|---|
| Position Long Name (Business Card Title): * |
| Web Designer |

"Recruitment/Hire Indicator"

Recruitment/Hire Indicator

- No/Remove recruitment or hire selection
- Mark this Position open for Hire
- Mark this Position open for Hire and Post to HR Recruitment Website

10. The **Recruitment/Hire Indicator** area of the Create Position form is where you indicate if (and when) you want to initiate the recruitment process to get the position filled AND if you want your position to be posted to the BU HR Recruitment Website or not.

"No/Remove recruitment or hire selection"

No/Remove recruitment or hire selection

This option is used for:

- Positions that you want to create, but do not want to post, nor hire for yet** - "While I am proactively creating this position, I have no immediate plans to hire an employee into it. I am being proactive, as I know I will eventually need to hire an employee into this position. Once the Create Position form has been approved, the position will appear in my Org Structure based upon the Effective Date I indicated at the top of the form.

(continued in the next column)

"Recruitment/Hire Indicator "(continued)

(continued from previous column)

*The 'door' to the position getting filled remains shut, again - as I have no **immediate** plans to hire an employee into it."*

"Mark this Position open for Hire"

Mark this Position open for Hire

This option is used for:

- Opening a position for hire that is NOT posted through Human Resources so that an employee can be hired into it. Such non-posted positions include: Faculty, Casual and Non-Compensated Positions, Academic Research, etc.** - "I want the door to this position to be opened, so that it appears on the Hire form as a vacant and available-for-hire position, allowing me to proceed with getting an employee hired into it. I do NOT want this position posted."
- (On the Maintain Position form) A position which currently exists within your Org Structure that you want to hire an employee into** - "I created this position earlier, but wasn't ready to begin hiring for it. I am now ready to do so, and have therefore selected this option. I do not want this position posted."

(continued in the next column)

"Mark this Position open for Hire" (continued)

(continued from previous column)

Notes:

- When "Mark this Position open for Hire" is selected, a date field automatically appears, labeled "**Earliest Hire Action Date**". Earliest Hire Action Date: * . This is the earliest estimated date you expect to hire someone into it.
- There is a check in place, ensuring the "Earliest Hire Action Date" cannot be set earlier than the "Effective Date" entered earlier, at the top of the Create Position form

"Mark this Position open for Hire and Post to HR Recruitment Website"

Mark this Position open for Hire and Post to HR Recruitment Website

This option is used for:

- STAFF positions that get posted to the BU Recruitment website (through HR) and get an employee hired into it (also through HR, who enter the new hire)** - "I am requesting HR Recruitment begin the recruitment process for filling this position. This starts with a Recruiter posting it to the BU Recruitment website. I have indicated the ideal date that I'd like the position posted in the **Posting Date**: * field. In working with Recruitment, I am 'opening the door' to this position so as to allow Recruitment to eventually hire a Staff employee into it for me."

Note: Once the position completes Workflow and has all of its approvals, an Recruiter will contact you to discuss the recruiting and posting process.

(Proceed to the next page)

2/28/2012

“Other Position Information”

Other Position Information

Position overlaps an existing Position
 Inactivate/Delimit position once current employee terminates

Weekly Workschedule:

Assignment Duration: *

Employment Percentage: *

Position Budget Information

Recruitment/Department proposed Amount:

Position overlaps an existing Position Select this check box only in a case of “**overlap**”- when the position being created is for the person replacing an employee who will not have yet vacated their position when their replacement starts work. Later, after the position you have created has been approved and once the employee *has* vacated their position/left BU:

- A. Complete a **Termination** form on the departing employee.
- B. Complete an OM **Maintain Position** form. Choose **Mark this Position open for Hire**. This flags the position as available for hire (but will not post it) and ensures it will appear on the **New Hire** and **Position Change** forms.
- C. Complete a Personnel Administration **Position Change** form to move the *replacement* employee from their temporarily-created position into the now-vacated position.
- D. Lastly, delimit the “temporary” position that was initially created for the replacement employee, via completion of the OM **Delimit Position** form.

(Continued in the next column)

“Other Position Information” (continued)

11. **Weekly Work schedule** – (Note: This is NOT the “Work schedule rule”. This field is to aid Recruitment in terms of the position posting to the BU Recruitment website). In the text box, enter the days, work schedule, and average # hours per week (i.e. *Mon-Fri, 8:30am-5pm, 40 hours*). If the employee will be on a “non-standard” schedule (i.e. *not* Monday-Friday), provide a brief explanation. Your entry will feed to the *Additional Data* tab. If you need more text for your explanation, use the “Recruitment Comments” text area on the “Additional Data” tab.
12. **Assignment Duration** – Via the dropdown menu, select the appropriate assignment duration. This feeds to the *Additional Data* tab.
13. **Employment Percentage** - Ranges between 100 to 0 (whole numbers). This feeds to the *Additional Data* tab.
14. **Recruitment/Department proposed Amount** – Enter what you propose to pay the employee (The amount entered may not end up being the actual salary. This is determined by Compensation, whom you should contact with questions). For **exempt and non-exempt positions**, enter the **proposed annual salary** (e.g. 65000.00). For **casuals**, enter the **proposed hourly pay** (e.g. 15.00). **Note:** The amount entered will not be higher than the approved grade for this position.
15. Click .

The “Cost Distribution” Tab

16. Enter any **Cost Distributions** (if applicable).
Tip: If you use up all three lines, add lines as needed by clicking the button.
17. Click .

The “Descriptions” Tab

18. Enter a **General Description Blurb** for the position, as needed.
19. Click .

The “Essential Functions” Tab

20. **Essential Functions** – To expedite approval of this position and as best practice, enter/update up to 6 essential functions of the position. **Note:** For all **Staff positions** getting posted and **Casuals that you want to pay monthly** – you MUST enter a percentage at the end of the text (as shown below).
 Entering percentages is recommended (but not required) for **Faculty, Non-Comp, Academic Research, and Casuals that are paid weekly**

with the Office of General Accounting to resolve transaction related issues; processing cost transfers; supervising data entry; bank deposits, and other daily tasks in support of finance operations. (25%)

Notes:

- The percent of time entered must be 5% or more for each essential function
 - The total percent time spent on essential functions must total to 100%
21. Click .

The “Requirements” Tab

22. **Requirements** – (optional) Highlight and select the appropriate value from the **Qualification Catalog**, **Qualifications**, and **Proficiency** field drop-downs relative to this position.
23. Click .

(Proceed to the next page)

The “Additional Data” Tab

Having completed the Requirements tab, we’re now at the Additional Data tab, where we’ll start completing the **Additional Posting Information** section:

24. **Building** – Select the building the position is based and/or where the employee will work.
25. **Mail Code** - Select the appropriate mail code.
26. **Office Phone** - Enter the employee’s number, if known. If not known, enter the general building phone

PLEASE NOTE! If the position you’re creating is for faculty, casual, academic research, non-compensated or other positions which are not hired or posted through Human Resources, scroll to the bottom of the form, Click > Click to submit the form. Click to close the window.

“Recruiting Information”

(Continued in the next column).

“Recruiting Information” (continued)

The “Recruiting Information” section within this tab must be completed ONLY for Staff positions which are to be posted on the BU Human Resources Jobs website. Do NOT complete this section for faculty, casual, academic research, non-compensated or other positions which are NOT hired or posted through Human Resources.

If, on the “Position Details” tab, you did not select the “Recruitment/Hire indicator” of the Recruiting Information section will not be available for completion.

“Recruiting Information” is broken into 4 sections:

- Recruiting Department Information
- Planned Work Schedule Info
- Additional Info
- Recruitment Posting Information

“Recruiting Department Information”

27. **Hiring Manager Lookup** – Click the to locate the hiring manager name from the list whose department needs the position filled.

28. Click . This will auto-populate the **Hiring Manager’s Name**, along with the **Email and Phone** field

(Continued in the next column).

“Recruiting Department Information” (cont.)

29. **Recruiting Department** - Via the drop-down menu, select the (only option that appears for the) Recruiting Department. This value is linked to the Org Unit initially selected for this position currently being created.

“Planned Work Schedule Info”

30. **Assignment Duration** - This pre-populates, based upon data entered on the Position Details tab.
31. **Weekly Work Schedule** - This pre-populates, based upon data entered on the Position Details tab.
32. **Weekly Work Hours** - (Skip, as this field is grayed out). Note: This field is entered later, by Compensation.
33. **Employment Percent** - This pre-populates, based upon data entered on the Position Details tab.

“Additional Info”

34. **New/Existing Position** - Given we are completing a Create Position form, select **New Position**.
35. **Grant Funded** – Select *No*, *Yes*, or *Partially*. Note: This information is solely to help the Recruitment team. **Note: Your selection DOES NOT impact/drive actual funding of the position.**

(Proceed to the next page)

Additional Data Tab- Recruitment Posting Info

Do not use this page of the guide for faculty, casual, academic research, non-compensated or other positions which are not hired or posted through Human Resources

We're now at the **Recruitment Posting Information** section of the Additional Data tab, where we'll provide some information to the HR/Recruitment team on the position we're creating and want them to post and get filled. The section is broken into 3 text areas:

- **Posting Description for HR Website**
- **Posting Requirements for HR Website**
- **Recruitment Comments**

| Recruitment Posting Information |
|--|
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Posting Description for HR Website: </div> |
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Posting Requirements for HR Website: </div> |
| <div style="border: 1px solid #ccc; padding: 5px;"> Recruitment Comments: </div> |

Reminders:

- The **Recruitment Posting Information** section must be completed **ONLY** for positions which are to be posted on the BU Human Resources Jobs website
- **Reminder: Do NOT complete the Recruitment Posting Information section for faculty, casual, academic research, non-compensated or other positions which are not hired or posted through HR**

Additional Data Tab- Recruitment Posting Info

34. **Posting Description for HR Website**

This is a 5-8 sentence description providing the primary function/purpose of the position. **Note:** It will be viewable by potential applicants.

Format:

- The 1st sentence is a general opening summary statement about the position
- Use present tense
- Each statement should start with an action word that is linked to a value, product, outcome, service or objective
- There should be an emphasis on connecting the position to the mission of the department

Tip: Refer to the following tabs on the Position forms:

- **Descriptions tab:** The Position's "*General Description Blurb*" provides a good starting point for the description
- **Essential Functions tab:** Provides the main position functions to highlight in the description

35. **Posting Requirements for HR Website**

This is a description of the requirements and qualifications needed to perform the position. **Note:** It will be viewable by potential applicants.

Format:

- **1st requirement** is the educational requirements (use abbreviation of *B.A.* or *B.S.* for *Bachelor's degree* and include the specific area of study if necessary i.e. *B.A. in Biology or Chemistry*)
- **2nd requirement** is years of work experience (include specific type of experience if necessary (i.e. *one to three years of related administrative experience working in an academic environment.*)

(Continued in the next column)

Additional Data Tab- Recruitment Posting Info

- **Remaining requirements** then follow (i.e. *excellent communications skills and customer service skills, strong analytical and problem solving skills, experience developing front-end/server side applications using HTML, JavaScript, AJAX, and CSS, experience with content management systems*)

Tips:

- Info within the "Position Requirements" tab of the Position should be consistent with info in the "Posting Requirements for HR website" text area
- If a skill/experience is "preferred" or "desirable," designate it as such
- Include any additional, specific information related to the position that a candidate should know about (i.e. *this position requires frequent travel, this is a live-on position. this position requires weekend and evening hours during peak periods, etc.*)

36. **Recruitment Comments**

This text area is intended for communicating directly with HR/Recruitment. These comments aren't part of the posting.

41. Click . Review each tab and the data entered. **Tip:** To change any info, click  to return to the previous steps or click on the appropriate tab number at the top of the screen.
42. Click  to submit request for approval via Workflow.
43. Click  to close the window. **You've completed the Create Position form! Track approval via Request Tracker. Remember – for Staff positions, a recruiter will contact you once the form completes Workflow to discuss the position and posting of it.**

Boston University Background Check Policy

Policy Statement

In order to assure a safe, secure and productive environment for all students, faculty, staff, volunteers and visitors working in or utilizing the facilities of Boston University and to screen students for clinical placements, a policy and program of background checks is required. Boston University Background Check Policy is applicable to the verification of prior work history, verification of education and other credentials and, where applicable, criminal history screening of prospective and current employees, subcontractors, volunteers and students placed in clinical settings.

I. Conducting Background Checks

Background checks, where required, are conducted with the full knowledge and acceptance of the individual on which the investigations are being conducted except as otherwise permitted by law. Boston University has engaged the services of Creative Services, Inc. (CSI), a Consumer Reporting Agency. CSI will assist in the collection and interpretation of background check results. Those subject to verification and/or criminal searches will be required to sign the appropriate documents to acknowledge/authorize the collection of required information, including those obtained from the Massachusetts Criminal Offender Record Information (CORI) and those authorized by the Department of Criminal Justice Information System (DCJIS - iCORI) and Massachusetts General Law (MGL) c. 6 §. 172.

Specifics on those subject to background checks and the procedures for conducting such investigations are detailed in the *Background Checks Procedures (BCP) for Designated Positions (BCP)* and other related documents available in Human Resources (HR).

II. Access to Background Check Results

All information obtained through the background check process, including criminal history, is highly confidential and access to such information is limited to those individuals who have a direct "need to know." This may include but is not limited to hiring personnel, those processing employment applications and those submitting requests to CSI. Boston University HR will maintain a current list, updated in six (6) month intervals, of those authorized to have access to and/or view background check results, including CORI.

III. Procedure Training

All University employees authorized to review or access background check results, including CORI, at Boston University must review and be thoroughly familiar with the *BCP for Designated Positions* and the *BCP for Hiring Departments* manuals. Additionally, individuals should be familiar with manuals that address specific populations for which they may be responsible.

Where Boston University is required by MGL c. 6, s. 171A to maintain a background check policy, all employees authorized to conduct criminal background checks and/or review criminal background check and CORI results will be fully familiar with educational and relevant training materials regarding CORI laws and regulations made available by the DCJIS.

IV. Use of Criminal History in Background Screening

Criminal background checks, including CORI, used for employment purposes shall only be conducted for applicants who are otherwise qualified for the position for which they have applied.

Unless otherwise provided by law, an employment candidate with a criminal record will not automatically be disqualified. Determination of suitability based on the background check will be made consistent with this policy, applicable laws and regulations, as well as following the Non-Conforming Results Procedure as identified on pages ten (10) through twelve (12) of the *BCP for Designated Positions* manual.

V. Applicant Identity Verification

Boston University must make reasonable effort to ensure the background information received, regardless of the source, is for the applicant under consideration. The records received must be compared with the signed authorization and release documents and other identifying information provided by the candidate. In the case of CORI, the criminal report received from DCJIS through CSI should be compared with the CORI Request form.

If the information in the background check report does not match the identification or other information provided by the applicant, this discrepancy will be reviewed by the appropriate authority in HR.

VI. Clarification of Background Check Report Information

Prior to questioning an individual under consideration about his or her background check report, the candidate must first be provided a copy of the background check report, including criminal history, regardless of its source. Except as permitted by law, the source of the report is to be divulged to the applicant.

VII. Determining Suitability

Should it be determined, based on the verification of the applicants identity as provided in Section V of this policy, that the background check records, including criminal history, belong to the subject and the subject does not dispute the record's accuracy, the process may then move forward to determine the suitability of the subject for the position for which he or she applied.

Unless otherwise provided by law, factors considered in determining suitability may include, but are not limited to the following:

- a. The relevance of the crime to the position sought;
- b. The nature of the work to be performed;
- c. The length of time since the conviction;
- d. The age of the candidate at the time of the offense;
- e. The seriousness and specific circumstances of the offense;
- f. The number of offenses;
- g. Whether the applicant has pending charges;
- h. Whether there is any relevant evidence of rehabilitation or lack thereof;
- i. Whether there is any other relevant information, including information submitted by the candidate or requested by the University;
- j. The truthfulness and accuracy of information on the application and other material provided in support of the application.

VIII. Adverse Action Based on Background Check Information

Should Boston University be considering an adverse decision on the applicant based on background check information, the applicant must:

- Be notified of the potential adverse decision based on the criminal offender record information (if applicable)
- Be informed immediately of the source of the background check report; and
- Be provided a copy of:
 - Background Check Report – to include the criminal offender record information if applicable; and
 - Fair Credit Reporting Act – A Summary of Rights;

If the source of the information is the criminal report received from DCJIS through CSI, the applicant must also:

- Be informed immediately of the specific item from the report that may result in adverse action
- Be provided a copy of:
 - The Boston University Background Check Policy; and
 - Information Concerning the Process for Correcting a Criminal Record.

The subject will be provided the opportunity to dispute the accuracy of the background check information.

The applicant will be notified of the final decision and the basis for it in a timely manner.

The order and manner in which Boston University HR personnel will proceed with this process is detailed in the *Non-Conforming Results Procedure* as identified on pages ten (10) through twelve (12) of the *BCP for Designated Positions* manual.

IX. Secondary Dissemination Log

Boston University will not divulge information obtained through background checks to outside organizations except where required to do so by clinical placement agencies. Said agencies must make such requests to HR in writing. A centralized secondary dissemination log shall be maintained in HR to record any dissemination of background check information outside of Boston University, including dissemination at the request of the subject.

The dissemination log must include:

- The subject's name;
- The subject's date of birth;
- The date of each dissemination;
- The name of the person to whom the information was disseminated; and
- The purpose of the dissemination.

X. Storage and Destruction of Criminal History Information

Boston University will store hard copies in a separate, locked and secure location with limited access. Electronically-stored CORI will be password protected and encrypted with limited password access with no public cloud storage

CORI records will be destroyed 7 years after (1) a former employee's last date of employment; or 2) a final decision with respect to an applicant or employee. Specific requirements for the method of destruction are stated in the Retention and Security Requirements section (pages 12-13) of the *BCP for Designated Positions* manual.



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. _____ has authorized
(Organization)
_____ to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____, on behalf of
(Consumer Reporting Agency)
_____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that _____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

DISCLOSURE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Boston University (“the Company”) may obtain information about you from a consumer reporting agency, a consumer credit reporting agency, and/or an investigative consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” (consumer report) obtained for employment purposes, which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These consumer reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for employment is an investigation into your employment and criminal history conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, http://www.creativeservices.com/html/privacy_policy.html. The scope of this notice and authorization is all-encompassing; allowing the Company to obtain from any outside organization all manner of consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any consumer report requested by the Company by contacting the consumer reporting agency identified above.

ACKNOWLEDGMENT

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

California applicants or employees only: By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

New York applicants or employees only: By signing below, you also acknowledge receipt of the NEW YORK STATE CORRECTION LAW - ARTICLE 23-A, Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses.

Applicant (print name): _____

Applicant (signature): _____ Date: _____



Release & Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities at any point after this authorization and, if hired, throughout my employment. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, a "consumer report" and/or "investigative consumer report" (consumer report) may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to employment, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original. CSI's Privacy Policy can be found at http://www.creativeservices.com/html/privacy_policy.html or obtained by request to the above address.

| | |
|--|---|
| California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like a copy of the consumer report if one is prepared on you? <input type="checkbox"/> | |
| If currently employed, may we contact your current employer? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |

| | |
|---|---------------------------------------|
| | |
| (Last Name) | |
| | |
| (First Name) | (Middle Name) |
| | |
| (Other Names) <i>List all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.</i> | |
| | |
| Current Address: | |
| | |
| City & State: | Zip Code: |
| | |
| Social Security Number:* | Date of Birth: * MM/DD/YYYY |
| | |
| Driver's License Number:* | State of Issue: |
| | |
| Please list all addresses where you have resided for the past seven years: | |
| | |
| (#/Street) | (City) (State) (Zip Code) |
| | |
| (#/Street) | (City) (State) (Zip Code) |
| | |
| (#/Street) | (City) (State) (Zip Code) |
| | |
| (#/Street) | (City) (State) (Zip Code) |
| | |
| Signature: | Date: |

* Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. They will not be considered by the employer in making employment decisions. This form will be filed separately from your employment application.