Non-Employee Associate Form

I, a Non-Employee Associate of Drexel University, require account access to Drexel University services ("Account Privileges") because I am a(n):

☐ Staff Volunteer/Temp Agency ☐ Visiting Research Professor Other _____

☐ Independent Contractor ☐ Volunteer Faculty

SECTION 1 (To be completed by Non-Employee Associate)

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Gender _____ Citizenship _____

Date of Birth _____ Marital Status _____ Race _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Primary Employer

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____

Are you legally eligible to work in the US for the duration of your assignment? ☐ Yes ☐ No

I understand that I am not an employee of Drexel University and therefore I am not entitled to compensation or benefits of any kind, including, but not limited to, workers' compensation, unemployment compensation or health insurance. I understand that in receiving Account Privileges, I agree to abide by all Drexel University policies and procedures relating to the Services as may be in effect from time to time. Such policies and procedures can be found at www.drexel.edu/irt/org/policies/acceptableUse.aspx and www.library.drexel.edu/about/librarypolicies.html. I further agree that any violations of Drexel University's policies or procedures shall result in the immediate revocation of my Account Privileges. I understand that my Account Privileges shall remain in force for a one year period and will be reviewed on an annual basis.

Non-Employee Associate Signature _____ Date _____

SECTION 2 (To be completed by Drexel Administrator)

Approver Name (Print) _____ Title _____

Approver Signature _____

Primary Location _____ Office Phone _____

Department Orgn Name Department Orgn Number

Return form to HRIS: 3201 Arch St, Ste 430, hris@drexel.edu, or 215-895-1751 (fax)