Non-Employee/Contingent Worker (CWR) Paperwork and Instructions

The Department of Human Resources has established a procedure for individuals who occasionally assist the University of Massachusetts Boston with grant functions, activities development and other services as requested. In most cases, these services require an Employee ID number and Employee ID card that would permit access and various services provided by the University (i.e., e-mail, telephone, business cards, fitness center, etc).

CWR/Contingent Worker: A person providing services to the organization and does not have an official relationship with the organization (i.e. Consultants, Adjunct faculty, etc).

**NOTE:** Department must complete a paper PAF (Personnel Action Form) and submit the required documents to Human Resources.

In order to gain access to these university services you must have the appointee complete a non-employee instruction packet, which includes:

**Section I. Completed by appointee:**

- **1. Personal Data Questionnaire (PDQ)**
  You must complete, sign and date the bottom of the form.

- **2. University of Massachusetts Boston, Self-Identification Form**
  It is the policy of the University of Massachusetts to collect, maintain, and report certain ethnicity, race, disability, and Vietnam Era Veteran status information as required by federal and state entities. **Completion of any part of this form is strictly voluntary, but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs.** Any data collected as part of this process will not be used to make employment-related decisions. The University’s policy on the collection, maintenance, and reporting of such information is available at: [www.umb.edu/odi](http://www.umb.edu/odi).

- **3. Contingent Worker (CWR) Release of Liability Statement**
  You must complete, sign and date the bottom of the form.

- **4. Massachusetts Disclosure Form**
  If applicable, complete the form by including the name(s) of family members who are employed by the state.

- **5. Computer Awareness and Data Security Compliance Statement**
  You must sign and date the bottom of the form.
Section II. Received by appointee:

- Guide to the Conflict of Interest Law
- Federal Affordable Care Act (ACA) notification/information
- Guide to Political Activity (Public Employees and Fundraising)
- Sexual Harassment Policy
- Drug-Free Workplace Policy
- University of Massachusetts Policy on Fraudulent Financial Activities
- University of Massachusetts Principles of Employee Conduct
- Background Check Policy

I have received, completed, and understand the forms and information listed above. I also understand that my name will not be added to the University’s payroll until all of the appropriate paperwork is properly completed and submitted to the Office of Human Resources.

____________________________________  __________________________  __________
(Appointee) Print Name                  Signature                      Date
**PERSONAL DATA QUESTIONNAIRE**

Social Security Number

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State/Country</th>
<th>Zip Code</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date**</th>
<th>Place of Birth</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If you are currently age 60 or over and starting a benefited position, you will be affected by Section 5 of Chapter 32 of the M.G.L. Please bring this fact to the attention of the Benefits Office Staff when you attend the New Employee Orientation.**

[http://www.malegislature.gov/Laws/GeneralLaws/PartIV/Title19/Chapter32/Section5](http://www.malegislature.gov/Laws/GeneralLaws/PartIV/Title19/Chapter32/Section5)

### Educational Data

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Degree</th>
<th>Major</th>
<th>School Name</th>
<th>Year Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School/Equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/University</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s Level Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctorate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PRIOR SERVICE IN ANY MASSACHUSETTS GOVERNMENT AGENCY

If retired from any government agency: (CHECK)

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“I attest that I have read and understood all of the contents of this form and that all of the information provided on this form is correct and complete to the best of my knowledge.”

Signature: ___________________________ Date: __________________

Revised: August 2011
Self-Identification Form
The University of Massachusetts Boston is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws and regulations, it is important that our recordkeeping and reporting information is accurate. The information collected via this form will be entered in UMass Boston’s Human Resources’ information system (but will be kept separately from your personnel file) and may be used in accordance with the applicable laws and regulations concerning equal employment opportunity. The university’s policy on the collection, maintenance, and reporting of such information is available at: www.umb.edu/odi.

Instructions: New hires and re-hires, please complete Sections I and II of this form in their entirety. Section III is voluntary. Current employees requesting changes, please complete all of Sections I and II and only the information you wish to update on Section III. Upon completion please return this form to the Office of Diversity and Inclusion (ODI.) Additionally, any data collected as part of this process will not be used to make employment-related decisions. PLEASE PRINT.

Section I: Name and Status
Select One: □ New Hire/Rehire □ Current Employee (ID: ________________)
Name: ____________________________ ____________________________ ____________________________
Last First Middle

Section II: Department and Position Information
Department: ____________________________
Position Title: ____________________________
Position Classification: □ Faculty □ Professional □ Classified

Section III: Personal Information and Self-Identification (Please refer to definitions on reverse side of this form. Completion of the following information is voluntary, and choosing to not self-identify will not subject you to any adverse treatment.)

Gender: □ Female □ Male
Race/Ethnicity (Provide both):
1. Hispanic Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino
2. Racial Identity:
□ American Indian or Alaska Native □ Asian
□ Black or African American □ White
□ Native Hawaiian or Other Pacific Islander □ Two or more

Military Status (Select one): □ No Military Service □ Veteran of the Vietnam Era
□ Recently Separated Veteran □ Pre-JVA Veteran
□ Armed Forces Service Medal Veteran □ Active Duty or Wartime Campaign Badge Veteran
□ Other Protected Veteran

Disability Status: □ I Do Not Have a Disability □ Individual With a Disability
□ Disabled Veteran □ Special Disabled Veteran
NOTE: For accommodations please contact the Director for Diversity and ADA Compliance, (617) 287-6587.

Section IV: Signature and Date
SIGNATURE: ____________________________ DATE: ______________
□ I do not wish to self-identify.*

Updated 7/24/2015
SELF-IDENTIFICATION DEFINITIONS: Completion of this information is voluntary. All information is confidential and will be reported in aggregate form only. Declining to provide this information will not subject you to any adverse treatment.

RACE AND ETHNICITY This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.
- Hispanic Ethnicity – Hispanic or Latino is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Two or more - A person who primarily identifies with two or more of the above race/ethnicity categories.

MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION
Veteran of the Vietnam Era Defined as a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred:
- In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or
- Between August 5, 1964, and May 7, 1975, in all other cases; or
- Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975, in all other cases.

Recently Separated Veteran Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran’s discharge or release from active duty.

Pre-JVA Veteran Defined as an individual who is an employee of or applicant to a contractor with a contract of $25,000 or more entered into prior to December 1, 2003 and unmodified since to $100,000 or more, and who is a special disabled veteran, veteran of the Vietnam era, pre-JVA recently separated veteran, or other protected veteran.

Armed Forces Service Medal Veteran Defined as any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Active Duty or Wartime Campaign Badge Veteran Defined as a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Individual with Disabilities
Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Disabled Veteran Defined as (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Special Disabled Veteran Defined as a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability:
1. Rated at 30 percent or more; or
2. Rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
3. A person who was discharged or released from active duty because of a service-connected disability.

*If you choose to not self-identify your race/ethnicity and/or gender, the federal government requires the University of Massachusetts Boston to determine this information by visual survey and/or other available information.

Updated 7/24/2015
I __________________________ am an affiliate/non-employee at the University of Massachusetts Boston as (working title) ______________________________ in the (Department/College) __________________________. I am participating not as an employee or agent of the University of Massachusetts Boston.

I hereby assume any and all risk connected with my participation whether such participation occurs on the property of the University of Massachusetts Boston or elsewhere, and agree to indemnify and hold harmless the University of Massachusetts Boston, its Trustees, officers, employees, students or agents, and the Commonwealth of Massachusetts, from all claims for damages as a result of personal injury or property damage which I might sustain, or for which I may be responsible, arising out of such participation including any damages which may be caused by the negligent, reckless, or gross negligence of the University of Massachusetts Boston, its Trustees, officers, employees, students or agents.

I recognize that I have no authority to make contracts, offers of employment, or other commitments on behalf of the University and that I remain personally responsible for any contracts, offers of employment, or other commitments I may make during the course of my participation.

I acknowledge receipt of the University of Massachusetts Boston’s, policy and procedures and hold myself responsible for understanding their contents.

I also acknowledge that I have fully read this Release, that I understand and agree with its terms and that I am signing this of my own free will.

__________________________  __________________________  __________________________
(Appointee) Print Name          Signature          Date
Computer and System Usage

As an employee of the University of Massachusetts (the University), I understand that the unauthorized use or misuse of University computer facilities, computer applications, computer systems, and/or electronic communications systems (including e-mail) constitutes an infraction of the University's data and computing policies/guidelines.

I will not share or release any logon, operator id or password used to access University data, computer systems, or electronic communications systems. I will keep my password(s) confidential, will change my password as required by the computer system and will select a password that is difficult to guess. I will not store access passwords in batch files, in automatic login scripts, in terminal function keys, in computers without access control or in other locations where another person might discover them.

I will not intentionally write, produce, generate, copy, propagate or attempt to introduce a computer virus, worm, Trojan horse, etc. into any University computer system or any computers linked to the University computer system.

I further acknowledge that I will not use University data or computing systems (e.g. software, hardware, network components, etc.) in any illegal, unethical or unauthorized commercial activities.

Data Confidentiality

I recognize my individual responsibility for safeguarding the integrity, accuracy and confidentiality of data that I access as dictated by state and federal law, and University policies and procedures.

I will not improperly release any information obtained as a result of my authorized access.

I will properly create, access, use and dispose of University data based on the data's classification.

Software Usage

I will not knowingly violate the terms of University license agreements for software. I recognize that the University licenses the use of commercial software and does not own this software or its related documentation or instructional material, and except to the extent authorized by the software developer, does not have the right to copy computer software. I will use documentation only as allowed by the vendor and federal Copyright law.

I will not use personally owned software in University computers unless I have a proper license for the software and the license authorizes such use. I will only use such personally owned software in University computers after I have first obtained clearance from appropriate systems personnel as to its compatibility with University computers and systems.

I will not illegally distribute copyrighted software within or outside the University through any mechanism, electronic or otherwise. I will not use my e-mail access to unlawfully solicit or exchange copies of copyrighted software.

(1) As directed by Board of Trustees’ Policy Statements on Electronic Data Security, Electronic Mail and Computer Policy Development (Doc. 797-010, adopted February 5, 1997), and Policy Statement on Record Management, Retention and Disposition (Doc. T99-061 adopted August 4, 1999). Full text of these Policies and related Guidelines and all University Data and Computing Guidelines can be found at: https://www.umassp.edu/bot/policies
Electronic Communications

I will use e-mail and any other electronic communications tool in a responsible manner consistent with other business communications (e.g., phone, correspondence). I will safeguard the integrity and confidentiality of University electronic mail; only use mail IDs assigned to me and will remove mail from my mailbox consistent with University, campus, departmental or electronic mail administrator message retention procedures.

I will not "rebroadcast"/send to a third party information obtained from another individual that the individual reasonably expects to be confidential, except as required by my job responsibilities, University policies and procedures, and applicable law.

I will not post materials that violate existing laws or University policies/codes of conduct. For example, materials that are of a fraudulent, defamatory, harassing, or threatening nature. I will not unnecessarily or inappropriately use computer resources by sending chain e-mails, spamming, mail bombing, generating unnecessary excessive print, etc.

My Responsibilities

I have agreed and will attend a workshop that includes information regarding my computer security and data confidentiality responsibilities as an employee of the University. I understand these responsibilities both as an authorized user and an employee.

I recognize my overall responsibility to exercise the degree of care required to maintain control of University computing systems and resources (e.g., data, software, hardware, network components, etc.) and agree to abide by established University policies/guidelines and Campus procedures. I acknowledge that failure to comply with University data and computing related policies/guidelines/procedures might result in: the loss or restriction of my computer access; reprimand; suspension; dismissal, or other disciplinary or legal action.

Print Name

Signature Date
DISCLOSURE OF NAMES OF FAMILY MEMBERS WHO ARE STATE EMPLOYEES

Disclosure Required by G.L. c. 268A, Sec. 6B

Name of Applicant for Employment: ______________________

Date: ____________

Is your spouse, parent, brother, sister or child, or the spouse of your parent, brother, sister or child, a state employee?

___ Yes  ___ No

If you answered Yes, please list below the name(s) of any state employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Please also list the name of the state agency that employs those relatives.

NOTE: For purposes of this disclosure, a “state employee” is a person holding a paid or unpaid office, position, employment or membership in a Massachusetts state agency. For purposes of this disclosure, a “state agency” is any department of Massachusetts state government, including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division, board, bureau, commission, institution, tribunal or other instrumentality within such department or agency, and any independent state authority, commission, instrumentality or agency, but NOT INCLUDING an agency of a county, city or town.

<table>
<thead>
<tr>
<th>Name of Relative</th>
<th>Relationship to Applicant</th>
<th>Name of State Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>