



Notification of Independent Worker

The College of New Jersey ("TCNJ" or the "College") defines Contingent Workers, Associated Educators and Contractors as individuals who are working or providing a service at the College either as an independent contractor who has contracted with the College or as an employee or agent of other institutions or organizations pursuant to contracts between the College and those other institutions or organizations. For purposes of FERPA, the College designates those individuals as "school officials." Contingent Workers, Associated Educators and Contractors are not members of either the faculty or the staff of TCNJ, nor are they employed or compensated by TCNJ. This form must be completed, signed, and returned to Human Resources before a Contingent Worker, Associated Educator or Contractor can gain access to TCNJ facilities or systems. This notice does not in and of itself grant access. Actual access is granted by the responsible department(s), and may take several business days to complete. Do not complete this form if the individual will be paid on a supplemental basis.

Type of Independent Worker: [] Current Date []

[] Name of Independent Worker - First Middle Last [] Department

Home Address [] City []

Country [] State [] Zip Code [] Home Phone []

Date of Birth [] Campus Phone Ext [] Gender [] Male [] Female []

Supervisor: []

Assignment Start Date [] Assignment End Date [] Requests must include an assignment start and end date. [] Request to Extend Assignment End Date []

Please Note: Assignment end dates cannot exceed beyond the end of the fiscal year of which the independent worker was assigned. For example, a independent worker who began his/her assignment on 1/1/13, cannot have an end date which exceeds beyond 6/30/13. Should the end date exceed beyond the end of the fiscal year, a new contingent form must be completed.

Does this assignment require computer access? [] YES [] NO

Please indicate the specific computer access this assignment requires: []

If the assignment requires access other than IT, please contact the specific department directly with your request(s).

APPROVAL SIGNATURE

Signature of VP or Designee: [] Date: []

Print Name of VP or Designee: [] Date: []

HR USE ONLY

Information Technology has been contacted and computer access requested for contingent worker [] YES [] NO

Date Information Technology notified: []

Data entered by: [] Verified by: [] Date entered: [] Verified by: []

Request for access to specific systems must be made via e-mail to the system administrator.