

Waisman Center Unpaid Appointment Request Form

Prior to appointing an unpaid employee such as a student learner, volunteer, honorary fellow/associate or other, this form must be completed and approved. Return signed appointment request form to Waisman Center Business Office (room 202). Honorary/Associate. Fellows return form and current CV (required) to Human Resources (room 251). **DO NOT EMAIL THIS FORM IF IT CONTAINS CONFIDENTIAL INFORMATION.** The complete, unpaid appointment guidelines can be found on the WC intranet site under HR.

Proposed Appointment Type: *(check 1 appointment box ONLY - Student for Credit: check/complete all semesters that apply)*

Student for Credit - Check Box/s that apply below and complete # of Credits Spring Semester: # of Credits: _____ <input type="checkbox"/> Fall Semester: # of Credits: _____ <input type="checkbox"/> *Summer Semester: # of Credits: _____ <small>* Building Access may be removed during summer if not enrolled - Use back of form for explanation if access is needed</small>	Grad student: _____
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Building Access Only (usually for UW staff working other department on campus, includes UWHC/UWMF employees)

Provide reason (required): _____

Volunteer (May not do work that others are paid to do or obtain credit for - these duties must be clear in the explanation below)

Honorary/Associate Fellow / Zero\$/ other: _____

Employee Name: _____
(Last Name) (First Name) (Middle Initial)

Email: _____ Home/cell Phone: _____

Address: _____ Work Phone: _____
(Street, City, State, Zip Code)

Waisman Unit: _____ Room # _____

Name of the person/s who will supervise this position: _____

Name of the Waisman PI who will be responsible for this position: _____

(SSN Req'd for Hon./Asso. Fellow only. DOB req'd for NetID request.) Social Security #: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone: _____

Proposed Begin Date: _____ End Date: _____ (required)
(May not start until successful CBC date or if not needed, HR approval) (Student for Credit = Semester End Date. Other appointments - maxium of 1 year)

Why is this appointment being requested? Please provide a **DETAILED explanation** of the PURPOSE and DUTIES they will be doing: (insufficient or missing information will delay the processing of keys/access to the building)

(IF ADDITIONAL SPACE NEEDED - USE BACK OF FORM)

How many hours per week they will be in the lab: _____ (required)

UW policy requires a criminal background check for unpaid appointments if the position has access to vulnerable populations, property access or fiduciary matters.

Will the person interact with the Waisman Early Childhood Program?*

Will the person interact with patients/clients in a clinic setting?*

Will the person interact with children or minors?***

Will the person interact with research subjects and/ or research animals? (please circle)

Does the person require a visa? Yes / No

Does this appointment require a criminal background check (CBC)? Yes / No

Does this appointment require a caregiver background check?

*caregiver background check required if caring for minors or vulnerable population, **mandatory child abuse reporting training needed

*****HIPAA REQUIREMENT:** _____ will complete **HIPAA training** within 5 days of their start date.

***If HIPAA training already completed through another UW department on Campus - Waisman HR will varify.

PI's must review standard operating procedures with ALL guests, visitors and unpaid appointments.

 Signature of Waisman Principal Investigator Date

 Signature of Waisman Human Resource Manager Date

 Approved by Waisman Director Date
 (Needed for Honorary/Associate Fellow)

Version: Jul, 2018

Official HR use only: NetID Needed: Y / N - If Yes, Date Requested: _____ NetID email sent to applicant: Y / N

Date Rec'd: _____ Need CBC: Y / N Date CBC req'd: _____ CBC OK: Date CBC results: _____ Ent'd in D/B: Enrolled: or N/A

Keys/Access req'd: Yes / Not requested yet Letter Needed: Y / N Date added to HIPAA manifest: _____ HIPPA email sent: Date Termed: _____

**University of Wisconsin-Madison
Intellectual Property Agreement for Project Participants**

In order for the University to meet its obligations, and as a condition of and in consideration for my participation in extramurally-sponsored research or activities at the University of Wisconsin-Madison, I hereby agree to the following:

I agree to disclose promptly to the University any invention, novel variety of plant which is or may be protected under the Plant Variety Protection Act, computer software which is potentially patentable or to which a sponsor has rights under the sponsored research agreement, or mask work made by me in whole or in part, whether solely or jointly with others during and in the course of such sponsored research or other activity. I further agree that I will comply with the provisions of any agreement between the University and the sponsor, and will cooperate in assuring that the sponsor's rights in intellectual property are fully protected. To the extent an invention is funded in whole or in part by a federal agency or the sponsored research agreement requires that the University grant rights in the invention to the sponsor, I hereby assign rights to any such invention to the University's designated patent and intellectual property management organization (WARF), and will execute all papers necessary to file patent applications on the invention and to establish the federal government's or other sponsor's rights in the invention. I confirm that I have not entered, and will not in the future enter, into any agreement or other obligation to another person, company, or extramural sponsor with respect to any rights in inventions, discoveries, or copyrightable material which are in conflict with the obligations contained in this agreement.

I understand that before beginning work on a specific sponsored research project I have the right to request a copy of any agreement that is applicable to such project.

I acknowledge that in addition to any rights that might accrue to an extramural sponsor, the Board of Regents of the University of Wisconsin System, on behalf of the University of Wisconsin Madison, reserves the right to make and use any material I created during participation in a University research program for educational or research purposes.

Name (Please print or type)

Department

Employee or Student Identification Number (10-digit number on your staff or student ID card)

Signature

Date