



# 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 III. Received by appointee:**

By signing below, appointee acknowledges receipt and understanding of the University policies listed below. The policies can be downloaded as a packet from the Forms page on the HR website: <https://hr.umb.edu/policies>

- **Data Security, Electronic Mail, and Computer Policy Development (Doc. T097-010)**
- **Drug-Free Workplace Policy**
- **Federal Affordable Care Act (ACA) notification/information**
- **Guide to the Conflict of Interest Law**
- **Guide to Political Activity (Public Employees and Fundraising)**
- **Massachusetts Pregnant Workers Fairness Act**
- **Non-Discrimination and Harassment Policy (Doc. T16-040)**
- **Sexual Harassment Policy (Doc. T92-037)**
- **University of Massachusetts Boston Background Check Policy**
- **University of Massachusetts Policy on Fraudulent Financial Activities (Doc. T00-051)**
- **University of Massachusetts Principles of Employee Conduct (Doc T96-136)**

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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.

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(Appointee) Print Name

Signature

Date

**University representative (department) contact information:**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_ Extension: \_\_\_\_\_



UNIVERSITY OF MASSACHUSETTS BOSTON  
DEPARTMENT OF HUMAN RESOURCES

**PERSONAL DATA QUESTIONNAIRE – CONTINGENT WORKER FORM**

Employee ID (Leave blank if new)  Social Security Number:

1. First Name	2. Middle Name	3. Last Name	
4. Birth Date	5. Country of Citizenship	6. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	7. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>PLEASE ADD ADDRESS INFORMATION BELOW (if applicable):</b>			
8. Permanent Foreign Address:			9. Telephone
10. City	11. Country	12. Postal Code	13. Province (Canada only)
14. US Address:			15. Telephone
16. City	17. Country	18. Zip Code	

<b>19. GUEST (CHECK ONE):</b> Staff Faculty Other: _____  <b>TITLE: (CHECK ONE):</b> Site Manager Manager Consultant Coordinator Adjunct Faculty Intern Other:  Partner Volunteer Assistant Visitor Researcher	<b>20. ARE YOU A U.S. CITIZEN?</b> Yes (Proceed to box 23)      No (Proceed to box 21)
	<b>21. ARE YOU A LEGAL PERMANENT RESIDENT?</b> Yes (Proceed to box 23)      No (Proceed to box 22)
	<b>22. PLEASE SPECIFY:</b> CURRENT IMMIGRATION STATUS: _____ COUNTRY(IES) OF CITIZENSHIP: _____ EXPIRATION: _____
	<b>23. ADDITIONAL INFORMATION, if needed:</b>  

**EMERGENCY CONTACTS**

	Name	Address	Telephone	Relationship
<b>PRIMARY</b>				
<b>SECONDARY</b>				

"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: \_\_\_\_\_



**University of Massachusetts Boston - ODEI Self-Identification Form**

The University of Massachusetts Boston is an equal opportunity employer and is required by law to periodically collect and report certain data (including data on citizenship, gender and race/ethnicity, as well as disability and veteran status) regarding our faculty and staff. The information collected via this form will be entered in the University of Massachusetts Boston’s Human Resources’ information system and may be used in accordance with the applicable laws and regulations concerning equal employment opportunity.

**Instructions:** New hires and re-hires, please complete this form in its entirety. 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, Equity and Inclusion (ODEI.) This Form will be filed separately from your personnel file.

**Section I: Name and Status**

Select One:  New Hire/Rehire - Start Date or Effective Date of Change: \_\_\_\_\_  
 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** (Completion of the following information is voluntary.)

**Sex:**  Female  Male

**Race/Ethnicity** (Please provide both):

1. **Hispanic Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

2. **Racial Identity:** (Please select one or more of the following racial categories)

- American Indian or Alaska Native  Asian
- Black or African American  White
- Native Hawaiian or Other Pacific Islander

**Military Status** (Select one):

- No Protected Military Service  Active Duty or Wartime or Camp Badge
- Armed Forces Service Medal Veteran  Recently Separated Veteran
- National Guard/Reserves

**Disability Status:**

- Individual with a Disability  I Do Not Have a Disability
- Disabled Veteran

NOTE: For accommodations, please contact the Office of Diversity, Equity and Inclusion at 617.287.4818.

**Section IV: Signature and Date**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  I do not wish to self-Identify.

**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.

**Ethnicity and Race** – This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.

- **Hispanic Ethnicity-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin (including Spain) 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.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### **MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION**

- This information is requested for statistical reporting purposes to government agencies, including the U.S. Department of Labor. Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment. Information regarding your disability may be disclosed to the extent that (1) your supervisor(s) may be informed of any work restrictions or reasonable accommodations needed, and (2) first aid personnel may be informed when and if you require emergency medical treatment. Protected Veteran Categories:
- A **Disabled Veteran** is one of the following:
  - a. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - b. A person who was discharged or released from active duty because of a service connected disability.
- **A Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground naval or air service.
- **An Active Duty Wartime or Campaign Badge Veteran:** 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.
- **An Armed Forces Service Medal Veteran:** A 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
- **Military Discharge Date:** The date on which a person was discharged or released from military service.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## Non-Employee/Contingent Worker (CWR) Release of Liability Form and Checklist

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.

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**(Appointee) Print Name**

**Signature**

**Date**





## Computer and System Usage

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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

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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

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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. T97-010, 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

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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

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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.

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*Print Name*

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*Signature*

*Date*



