FLORIDA STATE UNIVERSITY MEMORANDUM OF UNDERSTANDING (Courtesy)

I acknowledge receipt and review of the following University policies and statements:

**Discrimination and Sexual Misconduct Policies 4-OP-C-7-I Equal Opportunity and Compliance (EOC):**
My acknowledgement below indicates receipt and review of the following University policies and statements:
- **Sex Discrimination and Sexual Misconduct Policy**
- **Title IX Statement**
- Non-Discrimination Policy 4-OP-C-7-I3 Equal Opportunity, Non-Discrimination, and Non-Retaliation Policy and Procedures
- Americans with Disabilities Act (ADA) Policy 4-OP-C-7-I1 AMERICANS WITH DISABILITIES ACT

**Workers' Compensation 4-OP-G-10 Insurance, Risk Management and Workers' Compensation**
I have read the Florida State University rules relative to workers' compensation and understand that all injuries must be reported immediately to my supervisor. I am to obtain authorization from Amerisys should I require any medical treatment unless the need for treatment is an emergency at which time 911 will be called immediately and Amerisys notified. All absences from work must be documented by an authorized physician and I must provide written documentation to my supervisor/department following each medical treatment. Where applicable, my department will work to provide light duty options. I must keep all medical appointments and obtain full duty clearance before returning to my normally scheduled job duties. If I am injured at work or become aware of a workers' compensation injury or illness, I have 30 days in which to report my injury or illness to my employer. Failure to report my injury within 30 days may jeopardize my claim. I have two years from the date of my injury or illness to file a claim for workers' compensation benefits. Failure to report my injury or illness within 30 days may be used as a defense against my claim regardless of the two-year statute of limitations for filing a claim. My eligibility for benefits may also be eliminated one year from the date I last received a wage replacement check or approved medical treatment.

I acknowledge receipt of the **Workers' Compensation Information for Florida Workers**.

**Protection of Protected or Private Information 4-OP-H-5 Information Security Policy and 4-OP-H-12 Information Privacy Policy:**
I agree to protect the confidentiality, privacy, and security of patient, student, staff, business, and other information classified as “Protected” or “Private” under the guidelines for information classification by the University in any form (spoken, paper, electronic). As an FSU employee or volunteer, I may be given or have access through a variety of platforms to Protected or Private information of employees, customers, custodians, students, parents, patient accounts, and/or other affiliations with the University. I will follow federal and state statutes and regulations, FSU policies, procedures, and other privacy and security requirements. I affirm that I will receive and hold all Protected or Private information as highly confidential and hereby affirm that I will not discuss, use, copy, photograph, electronically scan, text, publish, or disclose Protected or Private information for purposes outside of my legitimate scope of work. Any materials or electronic documents containing Protected or Private information must be immediately returned to the University if instructed or upon separation or transfer to a position which does not require access to the same information.

I understand that I will be held responsible for the misuse or unauthorized disclosure of Protected or Private information, including the failure to safeguard my information access codes or devices. My obligations under this Memorandum are effective as of this day and will continue after my affiliation with Florida State University concludes. Violation of these rules may result in disciplinary action, up to and including termination from employment, expulsion from the University, and/or criminal prosecution in accordance with applicable state and federal laws.

- **Information Security/Privacy Policy**
- Family Educational Rights and Privacy Act (FERPA)
- Gramm-Leach-Bliley Act (GLB Act or GLBA)
- Payment Card Industry Data Security Standard (PCIDSS)
- General Data Protection Regulation (GDPR)
- Defense Federal Acquisition Regulation Supplement (DFARS) Clause 252.204-7012
Federal Acquisition Regulation (FAR) 52.204-21
Criminal Justice Information Services (CJIS)
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Contractual information safeguarding requirements obligations the University enters into

**Weapons on Campus 4-OP-C-10 Workplace Violence Guidelines:**
Students and employees must not have any type of weapon at any University-sanctioned activities, at any University- sponsored events, or while on any University property, except pursuant to the vehicle exception in Section 790.25(5), Florida Statutes. A weapon could include a firearm; electric weapon; non-lethal weapons such as pellet guns, knives, metallic knuckles, slingshots, billies, tear gas guns, chemical weapons or devices; or other objects defined as a firearm or weapon in Section 790.001, Florida Statutes.

**Whistleblower Protection 4-OP-C-13 Policy Against Fraudulent, Unethical And Other Dishonest Acts:**
Florida State University employees having knowledge or information of fraudulent, unethical, and other dishonest acts should report issues or potential issues to the FSU Office of the Inspector General Services (OIGS) EthicsPoint by filing an electronic report at [https://secure.ethicspoint.com/domain/media/en/gui/32441/index.html](https://secure.ethicspoint.com/domain/media/en/gui/32441/index.html) or calling 1-855-231-7511, or the applicable federal agency. Employees who, in good faith, report wrongful activity meeting the provisions of Section 112.3187, Florida Statutes (Whistleblower's Act), are protected against retaliation for making such a report. My acknowledgement below indicates receipt of the following laws or University policies:
- **Policy Against Fraudulent, Unethical, and Other Dishonest Acts**
- **Enhancement of Employee Protection from Reprisal for Disclosure of Certain Information (41 U.S.C. 4712).**

**Employment of Relatives (Nepotism) Policy 4-OP-C-7-L Employment of Relatives (Nepotism):**
Under the University’s Employment of Relatives (Nepotism) Policy, relatives [defined as individuals related to each other in the following ways, whether by blood, adoption, marriage (in-laws/step), or other legal action: spouses; parents; grandparents; children; grandchildren; siblings; aunts/uncles; nieces/nephews or other persons residing in the same household, including but not limited to domestic partners] may not be employed in positions where they will report, directly or indirectly, to each other. Deans, Directors, Department Heads and Principal Investigators (PI) are responsible for ensuring that employees in their units do not control the scheduling, timekeeping, performance evaluations, disciplinary actions, reporting effort, verification of research progress or other work performance, employment, or payroll functions for their relatives. Additionally, personnel appointments on a sponsored research account are restricted to persons who are not relatives of the Principal Investigator (PI).

**Parking and Transportation 4-OP-E-6 Parking and Traffic Services:**
Parking and transportation guidelines can be found online at [https://transportation.fsu.edu](https://transportation.fsu.edu).

**Social Security Number Collection and Usage:**
In compliance with Florida Statute 119.071(5), this serves as notification of the purpose for the collection and usage of your Social Security Number. The Human Resources Department collects and uses your Social Security Number only for the business purposes in performance of the University’s duties and responsibilities. The collection of Social Security Numbers by FSU is either specifically authorized by law or imperative for the performance of the University’s responsibilities.

To protect your identity, FSU will secure your Social Security Number from unauthorized access, prohibit the release of your Social Security Number to unauthorized parties, and assign you a unique employee identification number (EMPLID). This EMPLID is used for all associated employment and educational purposes.

A complete list of the purposes for which Social Security Numbers may be collected, used, or released, and the pertinent authority can be found at [https://hr.fsu.edu/PDF/Forms/SSNNotification.pdf](https://hr.fsu.edu/PDF/Forms/SSNNotification.pdf).

Your signature acknowledges that you have read and understand the statements above.

NAME: ___________________________ EMPLOYEE ID: ___________________________
SIGNATURE: ___________________________ DATE: ___________________________

Updated: 9/15/2020