

South Dakota Board of Regents System
Temporary Faculty Appointment and Volunteer Work Agreement

General Information

Last Name: _____ First Name: _____ Middle Name: _____		
Permanent Address _____		
Mailing Address _____		
Birth Date: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number: _____
Phone: _____	Marital Status: <input type="checkbox"/> Single/Divorced/Widowed <input type="checkbox"/> Married or Legally Separated	

The South Dakota Board of Regents system is an equal opportunity employer. Information requested in the following sections will only be used for statistical and/or affirmative action purposes and will be treated as confidential.

Citizenship

<input type="checkbox"/> US Citizen - US	<input type="checkbox"/> Resident Alien/Perm Resident - RA	<input type="checkbox"/> Alien Substantial Pres - SP	<input type="checkbox"/> Non-Resident Alien - NR
If not US Citizen, Passport Number: _____ Visa Type: _____			
Nation of Citizenship: _____		Nation of Birth: _____	

Ethnicity (check all that apply)

<input type="checkbox"/> Hispanic or Latino - HI	<input type="checkbox"/> White - WH	<input type="checkbox"/> Black - BL	<input type="checkbox"/> American Indian or Native Alaskan - AM
<input type="checkbox"/> Not Hispanic or Latino:	<input type="checkbox"/> Asian or Pacific Islander - AS		

Veteran's Status

<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other than Vietnam Era Veteran
Discharge Date: _____	Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Institutional Address

Department: _____	Start Date: _____
Building/Room Number: _____	End Date: _____
Office Phone: _____	

ALL VOLUNTEERS MUST SIGN THE STATEMENT BELOW:

I agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the department listed above. I understand that my services are voluntary, that I will not be compensated, and that volunteer workers are provided worker's compensation coverage. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities. This agreement may be canceled at any time by notification to either party. I have read this agreement, understand it, and agree to serve as a volunteer.

Signature: _____ Date: _____
(Signature of parent/guardian if under age of 18)

Submit completed form campus Human Resources Office. Volunteers retain copy for personal records.

Complete reverse side for Courtesy Faculty appointments ONLY.

Complete this side ONLY if receiving a courtesy faculty appointment.

Identify level of education completed: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> None <input type="checkbox"/> College (complete areas below)				
				Month/Year
Name of College	City/State	Major	Degree	Awarded

Clinical and Academic Faculty Appointments

Action (check appropriate action and enter date):	
<input type="checkbox"/> Begin Academic or Adjunct appointment (circle one)	Start date: _____
<input type="checkbox"/> End Academic or Adjunct appointment (circle one)	Start date: _____
Reason: _____	
<input type="checkbox"/> Leave of Absence	Begin date: _____ End date: _____
<input type="checkbox"/> Promotion (indicate new rank) <input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Instructor	
<input type="checkbox"/> Change in Appointment	
<input type="checkbox"/> Clinical to Academic or Adjunct (circle one) OR <input type="checkbox"/> Academic to Clinical or Adjunct (circle one)	

HR Office Use:

PPAGENL PEAEMPL PPAIDEN PPAEXPR