

Personal Data Form

Augusta University (AU)
Human Resources Division

- New Hire
- Rehire
- Personal Data Change

Primary Name (as it appears on SS Card)		Prefix: <input type="checkbox"/> Doctor <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
_____	_____	_____	_____
First	Middle	Last	Suffix
Preferred Name (will only update outlook)			
_____	_____	_____	_____
First	Middle	Last	Suffix
Home Address:		Mailing Address: (If different from Home Address)	
Address _____		Address _____	
City _____	State _____	City _____	State _____
County _____	Zip Code _____	County _____	Zip Code _____
Telephone Information: (Please check your preferred number)			
Home (____) ____ - ____ <input type="checkbox"/>	Mobile (____) ____ - ____ <input type="checkbox"/>		
Pager (____) ____ - ____ <input type="checkbox"/>	Other (____) ____ - ____ <input type="checkbox"/>		
Gender:		Marital Status:	
<input type="checkbox"/> Male		<input type="checkbox"/> Single <input type="checkbox"/> Divorced*	
<input type="checkbox"/> Female		<input type="checkbox"/> Married* <input type="checkbox"/> Widowed*	
<input type="checkbox"/> I do not wish to provide this information		*Status Date: ____/____/____	
Race:		Ethnic Group:	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Not Hispanic Latino	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information	
<input type="checkbox"/> Black or African American			
Date of Birth: ____/____/____		SSN: _____	
		Birth Country: _____	
AU/USG Status/History:		AU Status/History:	
I have previously been employed by AU/USG:		I am currently enrolled as a Full-Time AU Student:	
<input type="checkbox"/> Yes, employment ended ____/____/____		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
I am currently employed by AU or any other USG Institution:		I am related to a current AU Employee:	
<input type="checkbox"/> Yes, department/institution: _____		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Email Address:		Retirement Information:	
_____		I am an active member or retiree of another Georgia State retirement plan:	
		<input type="checkbox"/> Yes, retirement plan: _____	
		<input type="checkbox"/> No	
Emergency Contact Data:		Primary- Please select only one as Primary	
(1) _____	_____	<input type="checkbox"/> (____) ____ - ____	
Name	Relationship	Phone Number	
(2) _____	_____	<input type="checkbox"/> (____) ____ - ____	
Name	Relationship		

I understand that any changes to Personal Data indicated on this form, should be reported to Human Resources within **14 days** of the change.

Signature: _____

Date: _____ revised 6/2019



CONFIDENTIALITY STATEMENT

Augusta University and its affiliated health system (AU Medical Center, Children’s Hospital of Georgia, and AU Medical Associates) maintain strict confidentiality and security of paper and electronic records in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and the Georgia Personal Identity Protection Act (GPIPA), in addition to other federal and state laws. These laws pertain to the confidentiality and security of all records that contain directly identifiable information that could reveal private information concerning our students, our customers and patients, our research participants and our employees and volunteers.

Our employees, students, volunteers and authorized others may access such private information to the extent necessary to perform their duties within our university and our health system. As an individual with access to private information at any of our institutions, you are required to protect against unauthorized access and disclosure, to ensure the privacy and security of records, and to report any credible threats or known violations related to this private information. You must be very careful not to release this information to any individuals, including but not limited to unauthorized university or health system employees, who do not have a **work or business related need to know**. If in doubt, you should act to preserve the confidentiality of such private information, until you have verified the work or business related need for access through your supervisor or his/her designee, one of our legal offices, or the Enterprise Privacy Officer.

Augusta University defines **unauthorized** access or disclosure as:

- Access to student, patient, research participant, employee or volunteer information not necessary to carry out your job responsibilities. This includes access to the private records of your family, friends and acquaintances that is not for a legitimate or business use.
- Disclosure of student, patient, research participant, employee or volunteer records to unauthorized internal or external recipients.
- Disclosure of additional or excessive student, patient, research participant, employee, or volunteer information to an authorized individual/agency than is essential to the stated purpose of an approved request.

Information may not be used, disclosed, copied, sold, loaned, reviewed, altered or destroyed except as properly authorized by the appropriate university or health system official within the scope of applicable federal or state laws, including record retention schedules and corresponding policies. No university or health system workforce member or other individuals are permitted to realize any personal gain as a result of disclosing or using confidential information. This obligation of nondisclosure or unauthorized use continues indefinitely, even after your relationship with the university and health system ends.

You must abide by our rules, regulations, policies and procedures as well as federal and state laws applicable to your position at the university or health system. Your failure to comply with any applicable law or procedure may result in the revocation of your access to confidential information; disciplinary action, including termination of employment or student status; criminal and/or civil penalties, depending upon the nature and severity of the breach of confidentiality.

- I will not access my own or family’s record in any information system without prior authorization.
- I will not disclose user access and passwords to anyone.
- I acknowledge my accountability for all activity performed under my log-in.

Print Name:	<input type="checkbox"/> AU <input type="checkbox"/> AUMC <input type="checkbox"/> AUMA <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Signature:	<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Date:	Define Other:



AUGUSTA
UNIVERSITY

Ethics Policy Acknowledgment Form

I will uphold Augusta University Code of Ethics, as listed below, and as described in the Ethics Policy (<http://policy.augusta.edu/12-1-1-ethics-policy/>), and all related laws, regulations and policies. I understand that failure to do so may result in disciplinary action, including possible termination.

Augusta University Code of Ethics

1. We will carry out our official duties for the benefit of our institution, and the public.
2. We will avoid actual and apparent conflicts of interest between our official obligations and our personal interests.
3. We will disclose conflicts of interest, both actual and apparent, and they must be properly managed.
4. We will not accept improper gifts and favors.
5. We will adhere to the laws, rules, regulations and policies that apply to us.
6. We will maintain the confidentiality of all sensitive information.
7. We will treat everyone with respect and dignity.
8. We will be honest. For instance, we should not record conversations with others without their knowledge.
9. We will uphold this code of ethics.

Questions concerning these matters should be brought to your chain of command. Anonymous concerns may be shared through our hotline at 1-800-576-6623. You may also contact the Office of Legal Affairs (706.721.4018 or <http://www.augusta.edu/services/legal/>) and the Office of Compliance and Enterprise Risk Management (706.721.0900 or <http://www.augusta.edu/admin/oia/services.php>).

Printed Name

Signature

Date (mm/dd/yyyy)

Title

Employee PeopleSoft ID

College or Department Location



AUGUSTA UNIVERSITY

Office of Diversity and Inclusion

Anti-Sexual Harassment Policy

Augusta University (AU) is an equal opportunity/equal access institution. We continuously strive to provide our employees with a professional working environment free of sexual harassment and all forms of sexual intimidation and exploitation. As one of our preventive measures against sexual harassment, you as an AU employee are required to read AU's anti-sexual harassment policy and to not partake in any activity that is or may lead to sexual harassment.

In signing your name below, you are stating that you have received AU's Anti- Sexual Harassment policy and that you will abide by this policy.

Signature

Date

Print your name

Employee ID number



AUGUSTA UNIVERSITY

Intellectual Property Agreement

In consideration of my employment by the Board of Regents of the University System of Georgia at Augusta University, I agree to comply with the Augusta University Intellectual Property Policy ("Policy") and any future amendments to it. The current Policy can be found at the following address: <https://www.augusta.edu/research/tools-for-researchers/>.

When required by the Policy to do so, I agree to promptly disclose in writing to Augusta University ("AU") all Intellectual Property (as that term is defined by the Policy) that I conceive, reduce to practice, invent, author, create, or develop, either alone or jointly with others, during the term of my employment, and to make and maintain adequate and current records thereof.

I agree to assign, and do hereby assign, to AU all of my right, title, and interest in and to all such Intellectual Property conceived, reduced to practice, invented, authored, created, and/or developed in performance of any one or more Sponsor- Supported Efforts and/or AU-Assigned Efforts (as those terms are used in the Policy).

I agree to assist AU in any way it deems necessary to obtain, enforce, defend, and commercialize such Intellectual Property. Assistance may include, but is not limited to, preparation of documents and delivery of written records and materials. During and after the term of my employment, I agree to sign any assignment, affidavit, or other document that AU may require with respect to perfecting, obtaining, maintaining, and defending AU's legal rights in Intellectual Property.

Upon termination of my employment for any reason, I agree to promptly turn over to AU all tangible property in my possession or under my control relating to Intellectual Property. Such tangible property may include but is not limited to biological and chemical materials, models, prototypes, drawings, records, documents, and the like. I acknowledge that I do not personally own any such items.

Discharge of my responsibilities in this Agreement shall be an obligation of my executors, administrators, or other legal representatives or assigns.

I have read the Policy and have carefully considered its terms and this Agreement before signing below. If I have any questions relating to this Agreement or my obligations under it, I understand that it is my responsibility to obtain answers or assistance before signing.

By signing below, I certify that I have read the above information and Intellectual Property (IP) Policy and agree to abide by the IP Policy as a condition of employment.

Signature: _____

Printed Name: _____

Date: _____