

**MORAVIAN COLLEGE  
PERSONAL DATA SHEET  
*Temporary Employee***

Please print or type

**EMPLOYEE INFORMATION: Temp Agency**

Mr./ Mrs./ Ms./ Miss/ Dr./ Rev./ Rev. Dr.

(Circle appropriate title)

(Employee Name: First/Middle/Last)

Legal Address:

City/State/Zip:

Date of Birth:

**GENDER:** *Please mark the appropriate box.*     Male     Female

**MORAVIAN COLLEGE INFORMATION: Supervisor**

**TEMPORARY STATUS:**

Estimated start date:

Estimated Termination Date:

**CAMPUS ACCESS NEEDED:**

- |                                              |                                                                 |
|----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Email               | <input type="checkbox"/> Canvas                                 |
| <input type="checkbox"/> AMOS                | <input type="checkbox"/> Jenzabar                               |
| <input type="checkbox"/> Long Distance Phone | <input type="checkbox"/> PFaids                                 |
| <input type="checkbox"/> Voice Mail          | <input type="checkbox"/> Cards or other ( <i>insert below</i> ) |

Department account number to charge:

**PROCESSING INFORMATION: Human Resources Personnel**

**CAMPUS INFORMATION:**

Supervisor:

Building:

Department:



Employee/Trustee/Student

## Confidentiality Agreement

I understand that during my employment or association with or enrollment at MORAVIAN COLLEGE, I may have access to confidential information regarding trustees, students, employees and/or the business of MORAVIAN COLLEGE. I also understand that I have a duty to maintain the confidentiality of all such information and I agree to uphold this obligation. I acknowledge that this duty includes a responsibility not to share any such information with any unauthorized third persons, and I agree to uphold this obligation, as well.

I understand and agree that if I share any such confidential information in violation of this policy or the law, my employment or association with, and/or enrollment at the College, and/or the Seminary, will be terminated. I am aware that this obligation of confidentiality survives my current association with MORAVIAN COLLEGE.

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Signature

Date

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Office of the President  
Representative

Date