Washington University School of Medicine
Non-Appointee Sign Off Process

- All individuals who are given access to the Washington University community without an appointment in order to participate in a student or other training program, shadow a mentor for a stated period of time, observing students/physicians, temporary placement or otherwise be engaged with a Washington University appointee must sign the attached statement. This statement may be used on its own or in conjunction with service contracts (independent contractors) or affiliation agreements where such documents do not adequately cover issues contained below.

- Signed statements must be returned to Human Resources where they will be kept on file for follow-up with the department as needed. Signed copies can be faxed to Stella Elder at 362-2500.

- No ID badges should be given without a Washington University appointment unless a copy of a signed statement is given to Security. A different badge will be issued to non-appointees. Badges must be returned to Protective Services at the end of the stated timeframe.

- No e-mail address should be set up without a Washington University appointment.

- A non-appointee statement may be used for situations lasting from two (2) days to three (3) months. Anyone remaining beyond three months must be placed in HRMS with an appropriate appointment.

- Each compliance area (Radiation Safety, Environmental Health & Safety, Employee Health, HIPAA Office, Research Administration & Physician Billing) will confirm with Human Resources that a signed statements exists and training has been completed before approving access to certain areas or data.

- Washington University Students shadowing or observing should complete a non – appointee form and submit. Unless the student needs access to Department systems they are not required to be put into HRMS, even if stay is longer than (3) months.
Washington University School of Medicine  
Non-Appointee Acknowledgement and Release

I, ____________________, hereby affirm that I am voluntarily accepting a non-appointee assignment under the direction of _____________ in the Department of ___________________ from _________ to ____________. The assignment will generally consist of __________________________________. In consideration of this assignment, I acknowledge and agree to the following:

• I understand that this assignment does not make me an employee of Washington University or its School of Medicine and does not carry an appointment to the University or School. I understand that as a non-appointee I will not receive compensation or benefits for my participation in the assignment and will not be covered by the University’s or School’s liability, insurance or benefit plans.

• I am aware and fully understand that my participation in the assignment involves certain inherent conditions and dangers which may result in injury to person. In consideration of being allowed to participate in the assignment, I hereby assume those risks and release and hold harmless the University, including its employees, trustees and agents, for any injury I may sustain, including death, by virtue of my participation in the assignment. I further agree to indemnify the University for any claims, losses or damage arising out of my participation in the assignment.

• I agree to abide by policies of the University, School and Department (including but not limited to those related to safety, confidentiality, patient privacy and general conduct) and understand that I may be required to participate in training in those and/or other areas. I further agree to abide by any other conditions or restrictions placed on me by the University, School or Department with respect to the assignment.

• I understand and agree that the University, School or Department may end this assignment at any time and for any reason.

• I understand and agree that this Acknowledgment and Release will be construed and governed by the laws of the State of Missouri (without regard to conflict of laws principles) and that venue shall rest exclusively in the state or federal courts of Missouri in any action to enforce the terms of this document.

• I acknowledge that I have read and understand this Acknowledgment and Release, that I have had an opportunity to ask questions about it, and that I am freely choosing to accept its terms and conditions. I understand that if I will be under 18 years of age at any time during this assignment, I must have my parent’s or legal guardian’s signature on this document.

Signed:  ________________________________  Date: ______________

Individual

________________________

Date: ______________

PI or Faculty Mentor

________________________

Date: ______________

Department Business Manager

________________________

Date: ______________

Parent or Legal Guardian