

These 2 signed statements are to be kept in departmental files.

Signature card

I, the undersigned Creighton student employee, authorize the following person(s) to submit my Creighton payroll timesheet in my absence:

Employee printed name: _____ SS#: _____

Signature: _____ Date: _____

Employing Department: _____



STATEMENT OF CONFIDENTIALITY FOR CREIGHTON STUDENT EMPLOYEES

I, the undersigned student employee, understand and acknowledge that all information I come in contact with relating to student, patient or employee files, paper or electronic, while working for Creighton University and/or Creighton University Medical Center, will be held in strict confidence.

Accessing such information for personal use, allowing another person access, or divulging such information is cause for disciplinary action up to and including termination of employment.

Creighton student employee Printed name _____

Employee Signature

Date