

Student Worker Statement of Understanding

I understand that by the virtue of my employment with the Registrar's Office at Northern Michigan University, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Northern Michigan University policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

I understand that excused absences must be *pre-approved* by my supervisor at least 24 hours prior to the scheduled work time. I also understand that unexcused absences from my scheduled work time at the Northern Michigan University Registrar's Office will result in termination of my employment, regardless of reason. The first unexcused absence will result in a verbal warning. I will be given a written warning for the second unexcused absence. I understand that my employment will be terminated if I have a third unexcused absence from my scheduled work time.

Date

Signature