

**Ohio State Calling  
Employee Agreement**

Your employment with Ohio State Calling is based upon the following terms and conditions and by signing below you indicate that you are aware of and accept these terms and conditions:

I consent to have any/all calls monitored by the supervisory staff for the purpose of performance appraisal and assessment of professionalism.

I acknowledge that I have read and am aware of the attendance policies as stated on the reverse side of this form and failure to adhere to these policies can and will result in the termination of my employment.

I am aware that my employment is for the current academic quarter only and rehire is based upon performance reviews, attendance, and the discretion of the Program Manager.

I understand that all personal and financial information of The OSU Annual Giving prospects is the property of OSU and is not to be used for employee's personal use, or given or sold to individuals, companies or other entities not expressly approved by OSU.

Any and all information received/reviewed as a member of the OSU Calling Team is considered confidential. This program has access to sensitive materials, and it is the responsibility of the employee to maintain confidentiality. To be found discussing or otherwise using this information outside of the calling room may result in immediate termination.

In addition to the above, I understand that my employment may be terminated for reasons including but not limited to:

- Failure to represent the Ohio State University in a professional, polite manner
- Falsification of donor records
- Poor statistical performance/maintaining satisfactory job performance
- Failure to follow proper calling procedures
- Any and all disruptive behavior
- Damaging or theft of office equipment or supplies
- Making unauthorized phone calls
- Unauthorized use of the Internet
- Use of personal cell phone during working hours

Please select (circle) one Sunday shift and two weekday shifts as your permanent schedule for the current quarter. \*If you select an alternate weekday schedule you will be required to provide documentation of a University related conflict. The acceptance of an alternate weekday schedule is based solely upon the discretion of the Program Manager.

**Sun Early**  
1:00-5:00pm

**Sun Late**  
6:00-10:00pm

**Mon&Wed**  
5:30-9:30pm

**Tue&Thur**  
5:30-9:30pm

**Alternate Schedule\***  
\_\_\_\_\_ & \_\_\_\_\_

**Circle one Sunday shift and either Mon&Wed or Tue&Thur.**

Print your name.

Student Employee (please print)

XXX -- XX -- XXXX

Social Security Number

Today's Date

Date

Sign your name.

Student Employee (signature)

Leave blank.

Program Manager

Leave blank.

Date