

MARICOPA COMMUNITY COLLEGES

Contingent Worker Request (CWR) Data Form

To Be Completed by CWR – Please Print

NAME SOCIAL SECURITY # ... Print your full name exactly as it appears on your Social Security Card (Last Four)

ADDRESS Street Address(with apt. #) City State Postal Code

PHONE () PREFERRED PHONE () Circle one: Cellular/Work/Other

MALE FEMALE BIRTH DATE EMAIL EMERGENCY CONTACT Name & Relationship Home Phone Work Phone

Have you ever worked for the Maricopa County Community College District before? Yes No

HIGHEST LEVEL OF EDUCATION ACHIEVED: () Less than high school () High school graduate () Tech/Business School () Some college () AA () Bachelors () Some grad school () Masters () JD () Doctorate () MD () DDS

ACKNOWLEDGMENT

By my signature below, I assert that all the information given in the "Contingent Worker Request" form is true and acknowledge understanding and agreement with all materials and conditions as stated. I understand that false information (misrepresentation or omission of information) may be the basis for termination of my role at MCCCC. I authorize investigation of all statements contained herein and hereby release all parties from any liabilities that may result from furnishing such information.

Signature Date

STATEMENT OF REGISTRATION STATUS

Per Arizona Revised Statute 38- 201, effective September 20, 1988, "a male person born after December 31, 1960 is not eligible to hold any office, employment or service in any public institution in Arizona unless the person has registered with the selective service system." Revised 7/21/2010.

TO BE COMPLETED BY DEPARTMENT AUTHORIZER

Check one: (see reverse for definitions)

- () DUAL ENROLLMENT INSTRUCTOR () CONSULTANT () AGENCY TEMPORARY () CALL CENTER () RETIRED EMPLOYEE () UNPAID INTERN () VOLUNTEER () VENDOR () ESS EDUCATIONAL SVCS

Required for HRMS Enrollment

REPORTING TO: DEPT: Print Name

Dates of service: FROM TO: / / / /

Does person need access to computer systems? Yes No Does person need an ID badge? Yes Building Code No

DESIGNEE: Print Name Signature Date

For Employee Services use only: Loyalty Oath Copy of SS HRMS entry MEID # EMPLID# EMAIL Submitted to HR: Initials HCM Position #

Contingent Worker Request (CWR) Data Form Continuation

Job Title: _____

Project Affiliation: _____

Organization Affiliation: _____

Team: _____

Role (technical, functional, PMO): _____

MCCCD or Offsite Location: _____

Oracle/Consultant Email (if applicable): _____

Requesting Access - please check box

SharePoint Access	Blackboard	Account Services Needed	
<input type="checkbox"/> ERP Global Design	<input type="checkbox"/> FA Tier 1	<input type="checkbox"/> 25Live Account	<input type="checkbox"/> Helpdesk (Legacy) "Admin" Acct
<input type="checkbox"/> Hyperion	<input type="checkbox"/> FA Tier 2	<input type="checkbox"/> BDS Account	<input type="checkbox"/> Network Access Account
<input type="checkbox"/> SIS Re-Implementation	<input type="checkbox"/> Helpdesk	<input type="checkbox"/> Financial System Accounts (FMS) ___ Security ___ Technical	<input type="checkbox"/> Security/ Security Mail Notification
<input type="checkbox"/> SIS (9.0) Phase 2	<input type="checkbox"/> Mesa ARR		<input type="checkbox"/> Spark IM
<input type="checkbox"/> HCM (Basic Access)	Budget	<input type="checkbox"/> HR-PeopleSoft Acct (HCM) ___ Functional ___ Operations (BAU) ___ Project ___ Security ___ Technical ___ Testing	<input type="checkbox"/> VPN Account
<input type="checkbox"/> ERP Hosting Implementation	<input type="checkbox"/> Maricopa Planning and Budget		<input type="checkbox"/> Phone Service
<input type="checkbox"/> SIS Production Support	<input type="checkbox"/> Maricopa Planning and Budget (Security)		<input type="checkbox"/> SIS Accounts (DO)
<input type="checkbox"/> SIS Technical Upgrade			<input type="checkbox"/> CRM
<input type="checkbox"/> SIS (CS9) Bundles			<input type="checkbox"/> Other - please list below
<input type="checkbox"/> FMS			

Please fill out each area

Contingent Worker Analysis

Employee Services strives to provide customers with most efficient service possible. This form will assist us in providing you with the best possible customer service. Please use the following to select the type of CWR you are bringing forward, so that our office can best determine your needs.

Contingent Worker Analysis		
Contingent Worker Category	Next Step	Definition
Dual Enrollment Instructor	Complete CWR Form Retain originals in Division files Forward appropriate copies to Employee Services	Teaches college-level courses to High school students and are not compensated by MCCCC
Consultant	Complete CWR Form Forward appropriate copies to Employee Services	Hired to do specialized work on certain projects and are paid by outside sources
Employee Services Agency Temporary Employee (such As Kelly Services Employee)	Complete CWR Form Forward appropriate copies to Employee Services	Temporary agency employees that come to work for MCCCC and are paid by the temporary agency
Retired Employee	Complete CWR Form Forward appropriate copies to Employee Services	Retired employees who continue a relationship with MCCCC are changed from Employee status to Person of Interest status
Call Center Employee	Complete CWR Form Forward appropriate copies to Employee Services	Employees who provide support for some of our systems and are paid by the contracted company
Unpaid Intern	Complete CWR Form and Forward everything to Employee Services Retain copy of "field placement agreement" in dept	Can be any member of the community who is completing an internship for their degree program at a university
Volunteer*	Complete CWR Form and *MCCCC Volunteer Forms* Forward everything to Employee Services	Can be any member of the community working on a volunteer basis
Vendor (i.e. Follett or Chartwells employee)	Complete CWR Form Forward appropriate copies to Employee Services	Vendors are companies that provide services to MCCCC employees and students
ESS Educational Services	Complete CWR Form Forward appropriate copies to Employee Services	Are contract relationships with MCCCC for specialized programs For example: hospitals providing adjuncts for nursing program and/or Fire Science/EMT department