

First Name:	Last Name:
Phone:	Email Address:
Unit/Program/Department:	Department Supervisor:
Start Date:	End Date:
New: Returning:	
Provide specific description of responsibilities and activit	ies the Green Thumb/Contractor will perform:
Will this position require operation of motor vehicle for 0	College purposes? Yes No
If so, for what purpose?	
Additional Needs (Check all that apply): Parl	king Pass Email Keys ID Card
Other:	
Emergency Notification:	
Contact Name:	Phone:
Are you over the age of 18? Yes No (if under the age of 18, working papers are required)
Are you an international student or visitor Yes	No
If yes, is this volunteer appointment a violation of your v	isa status? Yes No
systems access. These services are authorized and obtain until Human Resources has received and approved. Pape	e eligible for parking, email, library, telephone, campus ID and computer ed by the department utilizing the volunteer. These services are not granted rwork should be submitted at least two weeks before person starts. annually. Any changes in location, responsibilities, etc., within the rces.
On behalf of the faculty, staff, and students at SUNY Mor	risville thank you for your contributions to the College.
Green Thumb/Contractor Signature:	Date:
Supervisor Signature:	Date: