

**Francis Marion University
Division of Student Affairs
Behavioral Expectations of Student Employees**

Department _____

Student Name _____

As a student employee in the FMU Division of Student Affairs, I understand that I may have access to information that is confidential under university policy and/or local, state, or federal laws. I agree to maintain the confidentiality of any information to which I have access unless otherwise authorized by my supervisor(s).

Additionally, I agree to abide by university policy and all local, state, and federal laws while performing my duties as a student employee. As a student employee, I may be assigned to operate university equipment or vehicles. I agree to abide by all laws governing the operation of such equipment and motor vehicles. I understand that use of university equipment, property, keys, and facilities is restricted to the scope of my position as directed by my supervisor(s), and that any unapproved use or access is prohibited.

My signature below indicates I understand and will adhere to the information in this statement.

Student Employee Date

Student Affairs Supervisor Date