

Rutgers Biomedical and Health Sciences

Office of Risk and Claims Management

ADMC 1313, Newark, NJ 07101

973-972-6277

Request for Short-Term* Guest Status

(*less than 4 weeks)

This internal application form is designed to assist departments inviting guests to the University for educational or scholarly purposes, including students of other institutions, scholars, researchers and clinicians pursuing temporary activities at RBHS.

This form is to be completed by the inviting academic or administrative department with the approval of the Department Chair or Office Director, and the School's Dean or pertinent Vice President. All documentation must be forwarded to the Office of Risk and Claims Management for review and approval.

The intent of the Short-term Guest status is mutual exchange of knowledge. The inviting department must comply with all RBHS policies and federal regulations concerning paid and volunteer positions.

- Short-term Guest status cannot be used for: 1) the employment of any persons in staff positions, 2) paid faculty appointments, or 3) any other long term or permanent member of the RBHS community.
- Guest status is not to be used for "visiting researchers", which is a specific Human Resources-defined paid job classification, or for "visiting students", which is an Office of Academic Affairs-defined student classification, and which are recorded in the BANNER system by Human Resources or a RBHS School.
- The application and all supporting documentation are to be mailed to the Office of Risk and Claims Management or faxed to 973-972-7257 for final approval. A minimum of 14 days is required for review and consideration of any applications submitted.
- A completed and approved application for Short-term Guest status (see attached) must be submitted to Public Safety for issuance of a University ID card.
- All key information pertaining to the Guest's stay at RBHS must be reported by the inviting department to the Office of Risks & Claims Management, including dates of arrival and departure, location of activities, etc., within 10 days of arrival.
- Depending on the nature of activities, the guest may be subject to a criminal background check. This will be determined by the appropriate School Dean/Designee or Human Resources Generalist. The expense of background check will be borne by the hosting department or unit.
- No computing credentials or other such University resources will be provided to the guest.
- All guests are subject to all applicable University policies during stay, e.g.: HIPPA, FERPA

SUPPORTING DOCUMENTATION

In addition to a complete and signed application (attached), the following documents must be submitted:

- Invitation letter from the RBHS inviting department describing the purpose, proposed dates, activities expected and the location of the activities.
- Photocopy of biodata page from the applicant's passport (if applicable).

Rutgers Biomedical and Health Sciences
Short-Term Guest Request

This form must be submitted to the Office of Risk and Claims Management for all Short-Term Guests.
Please type or print clearly.

Requested dates:

From:

to:

I. Guest's Personal Data:

Male

Female

Family name

First name

Middle name

Date of birth

Social Security Number

If not currently in the U.S., anticipated date of arrival

Permanent address abroad:

Street name and number:

Apt. number

Province

City

Postal Code

Country

Telephone numbers abroad:

Home

Work

email address

II. Administrative Data:

RBHS campus:

Newark

Piscataway/New Brunswick

Scotch Plains

RBHS site of guest's activity:

Building/Room

Department/Office

School/Unit

Provide a brief description of the proposed activity:

Person completing this form

Name

Title

Interoffice mailing address

email address

Telephone #

SIGNATURES (please complete appropriate section)

Student Guest Request:

School Dean or Designee

Printed name: Signature:

Phone number: email: Date:

Risks & Claims

Printed name: Signature:

Phone number: email: Date:

Faculty Guest Request:

Department Chair

Printed name: Signature:

Title: Department:

Phone number: email: Date:

School Dean or Designee

Printed name: Signature:

Phone number: email: Date:

Risks & Claims

Printed name: Signature:

Phone number: email: Date:

Staff Guest Request:

Department Chair/Office Director

Printed name: Signature:

Title: Department:

Phone number: email: Date:

Human Resources

Printed name: Signature:

Phone number: email: Date:

Risks & Claims

Printed name: Signature:

Phone number: email: Date:

Once all appropriate signatures have been affixed, please return a copy of this approval to the person completing this form as indicated on page 1. The guest then takes the form to Public Safety for issuance of an ID card.