## **STUDENT LEARNER AGREEMENT**

(For 16 Years of Age or Older)

| · ·   | where the Madical School, Student Learners, and Cuardians (if needed)   |
|---|---|
| Section 1 – Hire Information (to be completed   | achusetts Medical School, Student Learners and Guardians (if needed) by Student Learner):   |
| Name:   |   |
| Personal Email Address:   |   |
|   |   |
| US Arrival Date:<br>(if known/applicable):  |   |
| Supervisor Name, Credentials and Title:   |   |
| Check your status: High School Undergrad  | uate Graduate Other - Please specify  |
| Are you under the age of 18? Yes No   |   |
| Are you authorized to work in the United States?  | Yes No  |
| Are you currently located in the United States?   | Yes No  |
| Are you currently located in the onited States?   |   |
| If not a US Citizen, please check current VISA Status*  | ÷   |
|   | TN B1 OTHER - Please specify  |
|   |   |
| * If any of these boxes are checked, please also inform Im  | migration Services at <u>Immigrationservices@umassmed.edu.</u>  |
| Please check one of the f   | following learner types:  |
|   |   |
| Dry Lab   |   |
| Dry Lab Research - IRB Protocols  |   |
| Wet Lab   | Under the terms of this Learner Agreement, I will perform   |
| Patient Care/Clinical   | assignments under the general supervision of the<br>Departmental Supervisor or designee that may include (but                     |
| Under the terms of this Learner Agreement, I will perform   | are not limited to):  |
| specific semi-complex assignments under the direct  | - Prepares material such as correspondence, reports,  |
| supervision of the Principal Investigator or Senior Laboratory staff which may include (but are not limited to):          | memoranda and other types of communications   |
|   | <ul> <li>Proofreads and edits typewritten materials</li> <li>Answers and routes telephone calls, recording messages as</li> </ul> |
| <ul> <li>Normal Laboratory maintenance tasks</li> <li>Experimental tasks according to written protocols</li> </ul>        | required  |
| - Preparation of laboratory media and solutions   | - Receives visitors and provides information and assistance as  |
| - Analytic assays   | needed - Schedules and/or arranges meetings, conferences,   |
| - Operation of research equipment (i.e. scintillation counters, microscopes, Centrifuges, balances) and recording results | appointments or similar activities  |
| - Library searches, reading and copying relevant materials  | <ul> <li>Photocopies and collates required materials</li> <li>Operates standard office equipment</li> </ul>                       |
| <ul> <li>Statistical analysis of data, genetic analysis and/or clinical<br/>studies</li> </ul>                            | (computers, photocopiers, calculators, etc.) as required  |
| - Data entry tasks  |   |
| - Participation in animal care and/or general operative   |   |
| procedures - Ordering specialized laboratory supplies   |   |
| I understand that, working in a laboratory, I may be exposed  |   |
| to toxic, radioactive and/or hazardous materials and will be  |   |
| instructed as to the proper procedures for handling such  |   |
| hazards. Please be aware that no one under 18 can be in the radiation safety lab without approval from the Biosafety      |   |
| Officer.  |   |

## Section 1A – Student Learner Signature

I understand that this work is beneficial to the institution's mission of research, teaching and service. This work is also beneficial to me in that it provides me with an opportunity to engage in tasks which expose me to my field of interest, to interact with faculty and professional staff, to attend seminars and workshops, to read relevant literature and to further define my career goals and opportunities. If required, I agree to provide proof of eligibility to work in the United States within the required timeframe in addition to completing the appropriate pre-employment forms. I also agree to provide proof that I am currently covered by health insurance. I also understand that I may not begin my assignment until I have satisfactorily completed required health screens and/or background checks.

| Student Learner Name     | Student Learner Signature  |
|--------------------------|--|
| Parent/Guardian Name     | Parent/Guardian Signature<br>(For Student Learners 18 years<br>of age and younger) |
| Section 2 – For Departme |  |
| Requisition #:           | Start Date: End Date:  |
|                          | Start Date: End Date:  |

For Department: Please attach the completed signed form to the iCIMS requisition or email it to NewHires/On-boarding@umassmed.edu.