



# Personnel Information Department of Neuroscience



\_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street Address Apt/Unit #*

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
*City State Zip*  
Include on the Dept Phone List?  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ UA Email: \_\_\_\_\_  
*MM DD YYYY*

CatCard #: \_\_\_\_\_ Student/Empl ID: \_\_\_\_\_ Net ID: \_\_\_\_\_

## Position Information

Start Date: \_\_\_\_\_ Paid Position?  Y  N Temp. Position?  N  Y—Expected End Date: \_\_\_\_\_

Lab: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date Lab Safety Completed: \_\_\_\_\_

Employee/Student Office: \_\_\_\_\_ Main Lab: \_\_\_\_\_  
*Room # Phone # Room # Phone #*

### Category/Title:

**Faculty**  
Title: \_\_\_\_\_

**Postdoc**  
Title: \_\_\_\_\_

**Undergraduate**  
 Student Lab Assistant  
 Student Office Assistant  
 \_\_\_\_\_

**Staff/Professional**  
 Research Technician  
 Research Specialist  
 Staff Scientist  
 \_\_\_\_\_

**Graduate Student**  
 Dissertation  
 Rotating – Expected End Date: \_\_\_\_\_  
 \_\_\_\_\_

**Other**  
Title: \_\_\_\_\_

## Emergency Contacts

Name	Relationship	Cell#	Home #	Work #
_____	_____	( )	( )	( )
_____	_____	( )	( )	( )
_____	_____	( )	( )	( )

# Supervisor's Checklist for New Personnel

## Department of Neuroscience

Employee/Student Name: \_\_\_\_\_

Please mark the accounts/access that you would like this person to receive at this time:

	Yes	Date Processed (Office Use Only)
BuyWays Access	<input type="checkbox"/>	
P-Card Accent	<input type="checkbox"/>	
Long Distance Account	<input type="checkbox"/>	
Photocopy Account – 6 <sup>th</sup> Floor*	<input type="checkbox"/>	

\*Check yes only if you would like them to have their own code  
Do not check if you will be giving them a lab shared code.

List the rooms that you would like to have this person's name added to:

_____	_____
_____	_____
_____	_____
_____	_____

Supervisor's Signature: \_\_\_\_\_

# Department Orientation Checklist

## Department of Neuroscience

This form **MUST** be completed and turned in within 3 business days of your start date. Please have your supervisor (or someone designated by your supervisor) go over this information with you.

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_



Please check box for each item

### U of A Mandated Orientation/Courses

<input type="checkbox"/>	U of A New Employee Orientation (staff only) <a href="http://www.hr.arizona.edu/03_hire/AZPSOrientation/">http://www.hr.arizona.edu/03_hire/AZPSOrientation/</a>
<input type="checkbox"/>	Lab Safety Course ( <b>ALL</b> lab workers) <a href="http://risk.arizona.edu/training/index.shtml">http://risk.arizona.edu/training/index.shtml</a> Date completed: _____
<input type="checkbox"/>	U of A Animal Care Course ( <i>Only if applicable for vertebrate work</i> ) Date completed: _____
<input type="checkbox"/>	U of A Radiation Safety Course (Only if applicable) Date completed: _____

### Department Information & Procedures

<input type="checkbox"/>	Department of Neuroscience Website – Use <b>Nerve Center</b> tab for information on Orientation & Exit, Staff Organizational Chart (who to go to for what), Travel, Purchasing, Forms & Links, and more. <a href="http://www.neurosci.arizona.edu/">http://www.neurosci.arizona.edu/</a>
<input type="checkbox"/>	Introduction to administrative staff, faculty, and others; especially those who work in the same hallway. 6th floor photo board.
<input type="checkbox"/>	Kitchen Duty responsibilities. Follow posted procedures in kitchen, always clean up after yourself, and be considerate of others!
<input type="checkbox"/>	Mail is delivered to & sent out from room 611. Add “ <b>GS 611</b> ” to street address when having something mailed/shipped here.
<input type="checkbox"/>	Packages are delivered centrally to room 606. If you are expecting one, check 606 daily and sign for it in 611 when you pick it up.
<input type="checkbox"/>	All are welcome to attend Neuroscience seminars/discussion groups and other Department of Neuroscience activities.
<input type="checkbox"/>	Keys & room privilege card; all keys must be returned at the end of employment.
<input type="checkbox"/>	Notify administrative office (Tracey) of all problems that require the attention of Facilities Management.
<input type="checkbox"/>	Purchasing procedures (e.g., receipts!); see purchasing instructions on department website.
<input type="checkbox"/>	Library borrowing policy (601 or elsewhere in unit): any item checked out <b>MUST</b> be signed out and returned promptly.
<input type="checkbox"/>	Personal expenses (phone calls, faxes, photocopies, postage, photographic work, etc.) may <b>NOT</b> be charged to any UA accounts!
<input type="checkbox"/>	Job-application costs (photocopying, postage, FedEx, etc.) are personal expenses and may not be charged to UA accounts.
<input type="checkbox"/>	Payroll - setting up direct deposit.
<input type="checkbox"/>	All absences owing to personal or family illness or vacation time must be reported in UAccess.
<input type="checkbox"/>	Entertainment Policy: when hosting official Department of Neuroscience visitors (with prior approval from the Dept. Head’s office), reimbursable expenses for meals is: up to \$8 per person for breakfast, \$15 per person for lunch, and \$25 per person for dinner. Reimbursements can be given for the guest, the host, and one other appropriate UA affiliate (faculty/staff/appointed/student). These entertainment costs may <b>NOT</b> be charged to research grants. Any alcohol purchased will <b>NOT</b> be reimbursed.

*Continued on next page*

### Building Safety & Security

<input type="checkbox"/>	Personal items (laptops, cell phones, etc.) are NOT covered by UA insurance- YOU are responsible for securing them.
<input type="checkbox"/>	Unoccupied rooms are to be kept closed at all times. All office, lab, and hallway doors are to be locked after hours and on weekends.
<input type="checkbox"/>	<b>Do not</b> admit anyone to the building after hours if they do not have a key.
<input type="checkbox"/>	Location of emergency showers, eyewash stations, and fire extinguishers (in hallways and some labs).
<input type="checkbox"/>	Fire Alarm procedures and meeting location outside of building.
<input type="checkbox"/>	No bicycles in building!

### Lab Information & Procedures

<input type="checkbox"/>	Fume hoods: proper usage and emergency contact.
<input type="checkbox"/>	Chemical storage (e.g., <i>small quantities</i> of flammables in "explosion-safe" refrigerators only; no explosives in any refrigerator or cold room) & disposal (no laboratory chemicals in sinks or other drains).
<input type="checkbox"/>	Other lab-specific items (e.g., tethering gas cylinders, protective casing for glassware evacuation, etc.).
<input type="checkbox"/>	No food in lab, cold rooms, or lab refrigerators.
<input type="checkbox"/>	Disposal boxes for glass, blades, needles, and other 'sharps'.
<input type="checkbox"/>	Biohazard disposal (pick up - 1 <sup>st</sup> Thu of each month) Guidelines are: <a href="http://risk.arizona.edu/environmentalcompliance/index.shtm">http://risk.arizona.edu/environmentalcompliance/index.shtm</a>
<input type="checkbox"/>	Use of protective eyewear (for any activity that could harm eyes).
<input type="checkbox"/>	Equipment alarms (whom to notify).
<input type="checkbox"/>	Glassware to be washed must be rinsed; no spatulas, stirbars, or other small items go to washing service.
<input type="checkbox"/>	Sinks and ice machines in lab areas have non-potable water.
<input type="checkbox"/>	Lab notebooks/notes belong to the lab and should be retained.

### Business Travel

<input type="checkbox"/>	Anyone who will be traveling for business purposes is responsible for knowing the department and university travel policies. Please read the travel information posted on the department Web site under the Nerve Center tab. Contact Peggy if you have any questions.
<input type="checkbox"/>	<b>ALL</b> business travel <b>MUST</b> be pre-authorized whether or not expenses will be paid by the University. Travel worksheets are available in room 611 or on the department website. Submit forms to Peggy <i>at least</i> one week prior to departure.
<input type="checkbox"/>	All receipts/requests for reimbursement must be turned in to Becca within <b>3 days</b> of returning from your trip.
<input type="checkbox"/>	Hotel expenses are <b>NOT</b> allowed on P-Card. Consult with Peggy prior to purchasing airfare on a P-Card- use <b>US Carriers only!</b>
<input type="checkbox"/>	Personal days during business travel must be reported as vacation days (exceptions: actual travel days, one day after arrival at a foreign destination, or any days actually devoted to certifiable business purposes.)

**By signing below, the employee states that he/she understands all of the information and policies described above.**

Employee/Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**Keys will not be issued until this form is completed and turned in.**

# Key Request Form

## Department of Neuroscience

*Supervisors: Circle the keys that you authorize for this employee/student.  
Undergraduates must complete three weeks of training before being issued keys.*

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

<b>Unit</b>	(Office Use Only)	
	Check Out Date	Check In Date
<b>Entrance</b> (8200)	_____	_____
<b>Dept. Key</b> (2116) 4 <sup>th</sup> & 6 <sup>th</sup> Floor Access, 401, 424, 435, 601, 606, 611, 614, 629	_____	_____
<b>409</b> (7748) Office	_____	_____
<b>439</b> (5370) Office	_____	_____
<b>601a</b> (8173)	_____	_____
<b>611b</b> (8178)	_____	_____
<b>Other</b> _____	_____	_____

**X** \_\_\_\_\_  
*Approval Signature- Supervisor*

**X** \_\_\_\_\_  
*Approval Signature- Department*

<b>Gronenberg</b>	(Office Use Only)	
	Check Out Date	Check In Date
<b>416, 418, 420</b> (3535) Office	_____	_____
<b>Other</b> _____	_____	_____

**X** \_\_\_\_\_  
*Approval Signature*

<b>Higgins</b>	(Office Use Only)	
	Check Out Date	Check In Date
<b>426, 434</b> Office, <b>444</b> (5080)	_____	_____
<b>Other</b> _____	_____	_____

**X** \_\_\_\_\_  
*Approval Signature*

<b>Levine</b>	(Office Use Only)	
	Check Out Date	Check In Date
<b>429, 431</b> Office, <b>433</b> (3459)	_____	_____
<b>437</b> (3450)	_____	_____

**X** \_\_\_\_\_  
*Approval Signature*

<b>Restifo</b>	(Office Use Only)	
	Check Out Date	Check In Date
<b>BD3</b> (Submaster)	_____	_____
<b>419</b> (5948)	_____	_____
<b>421</b> (5962)	_____	_____
<b>425</b> (7689) Office	_____	_____
<b>436</b> (5973)	_____	_____
<b>440</b> (5977)	_____	_____
<b>Other</b> _____	_____	_____

**X** \_\_\_\_\_  
*Approval Signature*

<b>Strausfeld</b>	(Office Use Only)	
	Check Out Date	Check In Date
<b>405</b> (3424) Office	_____	_____
<b>406</b> (combo)	_____	_____
<b>411, 413</b> (5688)	_____	_____
<b>411, 412, 413, 417</b> (5687)	_____	_____
<b>416b</b> (7775)	_____	_____
<b>Other</b> _____	_____	_____

**X** \_\_\_\_\_  
*Approval Signature*

<b>Hildebrand</b>	(Office Use Only)	
	Check Out Date	Check In Date
609 (8172) Office	_____	_____
609a (3456) Office	_____	_____
609b (8174) Office	_____	_____
612 (3452) Office	_____	_____
613 (8179) Office	_____	_____
616 (7280)	_____	_____
617 (3438)	_____	_____
620 (8443)	_____	_____
621 (3426)	_____	_____
624 (8451) Office	_____	_____
625 (3459)	_____	_____
<b>Bio Sciences West</b>		
Entrance (4650)	_____	_____
ADEA1 (137, 142, 144)	_____	_____
ADEA2 (137b)	_____	_____
Other _____	_____	_____

X \_\_\_\_\_  
Approval Signature

<b>Nighorn</b>	(Office Use Only)	
	Check Out Date	Check In Date
608, 622 (3478)	_____	_____
610 (3484) Office	_____	_____
628 (8449) Office	_____	_____
Other _____	_____	_____

X \_\_\_\_\_  
Approval Signature

<b>Tolbert/Oland</b>	(Office Use Only)	
	Check Out Date	Check In Date
634, 644 (3463) Office	_____	_____
BB3 (Submaster)	_____	_____
630 (7657)	_____	_____
632 (3460)	_____	_____
638 (3461)	_____	_____
640 (8208)	_____	_____
642 (6051)	_____	_____
<b>Tissue Culture</b>		
618 (8453)	_____	_____
Other _____	_____	_____

X \_\_\_\_\_  
Approval Signature

<b>Zinsmaier</b>	(Office Use Only)	
	Check Out Date	Check In Date
615 (8182) Office	_____	_____
623, 631, 635 (combo) (5509)	_____	_____
633 + labs (5508)	_____	_____
Other _____	_____	_____

X \_\_\_\_\_  
Approval Signature

*Return this form to the administrative office. The office staff will generate the necessary Key Desk paperwork. The Department Orientation form must be completed, signed, and turned in before keys will be issued.*