

Youth Program Employee/Volunteer Listing University Compliance Services

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If you have any questions about completing this form please contact University Compliance Services at 817-272-2080 or compliance@uta.edu.

Name of Youth Program	n:	Program Start Date:									
Youth Program Directo	or:	Email:			Phone:						
Prepared By (if differen	nt):		Ema	ail:	P						
Last Name	First Name	Employee/ Student ID	Birthdate	Email	Contact Number	UTA Classification	SSN	Contribute to TRS	TRS Retiree		
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This form is used to track employees and volunteers for UTA sponsored youth programs to ensure they have completed the mandatory online training through University Compliance Services. It is the responsibility of the Program Director to ensure that all have completed and passed the online training. This form will also be used to initiate and verify that Criminal Background Checks for all youth program employees and volunteers are completed. Compliance is mandatory. This form is only for UT Arlington sponsored and approved camps and should be completed by the Program Director of the university sponsored youth program. An email confirmation will be sent to the Program Director verifying all employees and volunteers listed have met the requirements.

Please list everyone even if they have previously completed the training.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.



Youth Program Employee/Volunteer Listing Continuation Sheet

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Name of	of Yo	uth P	rogram
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Program Start Date:

Last Name		First Name	Employee/ Student ID	Birthdate	Email	Contact Number	UTA Classification		SSN	Contribute to TRS	TRS Retiree
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