

## Confidentiality Form

I understand that, as an employee of Worcester Polytechnic Institute, I have been given access to confidential employee information. I further understand that office discussions and documents regarding this information are confidential and cannot be shared with anyone without this same access. Breach of confidentiality may result in disciplinary action, up to and including termination.

I understand this policy and agree to abide by the above-stated guidelines.

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(Signature)

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(Date)

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(Printed Name)

***Department Head approval required for Administrative Assistant access:***

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(Department Head Signature)

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(Department Head Printed Name)

Please return form to: Heather Bilotta, Sponsored Research Accounting