

TO BE COMPLETED BY MENTOR
FELLOWSHIP DETAILS

Mentor Name: _____ Email: _____ Phone: _____
 UCANR Location/Unit: _____ Related Campus/Unit (if any): _____
 Campus Mentor (if any): _____ Email: _____ Phone: _____
 General Description of Fellowship Duties: _____

Hours Per Week: _____ Begin Date: _____ End Date: _____

HR/IT/PAYROLL INFORMATION

Does the fellow/intern require UC ANR email and/or systems access? Y N
 If yes, please verify you have attached the Contingent Worker Request form. Attached

Is this experience:

Paid Unpaid For Credit Quarter/Year

RISK ASSESSMENT INFORMATION

Controller's Office has been contacted and the MOU is: Complete Underway NA
 Background Check Required for Fellow? Y N
 Protective Equipment Required? Y N
 If Yes, is ANR Providing equipment? Y N
 Is this fellow/intern related to any current employee? Y N
 If the fellow/intern is under 18 has their supervisor been background checked/cleared: Y N

TO BE COMPLETED BY MENTOR or BUSINESS OFFICER

Stipend being requested from UCANR (if any): _____ **Total:** _____
 Account _____ Amount: _____ Date to be paid: _____
 Account _____ Amount: _____ Date to be paid: _____
 Account _____ Amount: _____ Date to be paid: _____
 Additional Information if needed: _____

TO BE COMPLETED BY FELLOW
FELLOW INFORMATION

Name: _____ Date of Birth: _____
 Telephone: _____ Email: _____
 Address: _____
 Are you over the age of 18? Y N Are you on a Visa? Y N
 UC Student Status: Grad Undergrad Student ID _____
 Non-UC Student Location: _____

EMERGENCY CONTACT

Name: _____ Relationship to Fellow: _____
Day Phone: _____ Evening Phone: _____
Additional Information if needed: _____

GENERAL AGREEMENTS

I understand and agree that I am not an employee of UC ANR.

I understand that UC ANR does not provide me with Workers Compensation coverage nor am I entitled to employee benefits or unemployment benefits as a result of my fellowship.

I understand that I have no expectation of any compensation for my services.

SIGNATURES

Fellow or Guardian Signature Date
(Guardian signature required if fellow is under 18)

UCANR Mentor Signature Date
Title: _____