



## E-Verify Program Administrator Agreement

1. **I UNDERSTAND AND AGREE** to fulfill the following responsibilities as a USC E-Verify Program Administrator for my area:
  - a) Appoint General Users
  - b) Ensure General User training and certification
  - c) Maintain a current listing of authorized General Users, adding and deleting names as needed
  - d) Update the E-Verify Coordinator in the Division of Human Resources on General User changes
  - e) Provide a copy of the General User's E-Verify certification to Human Resources to be placed in the employee's official personnel file
  - f) Place a copy of the General User Agreement Form in the personnel file in the department and send the original to the E-Verify Coordinator in Human Resources
  - g) Perform E-Verify queries as necessary.
  
2. **I UNDERSTAND** that a copy of this agreement will be placed in my official personnel file in the Division of Human Resources.
  
3. **I AGREE** that my use of the information obtained for E-Verify will be for the sole purpose of verifying the employment eligibility of newly hired employees in my area of responsibility, and for no other purpose.
  
4. **I UNDERSTAND** that by virtue of my employment with the University of South Carolina and my role as a Program Administrator in the E-Verify system, I have access to data, information and files in various forms that contain individually identifiable personal information, the removal and/or disclosure of which may be prohibited by federal or state law or by University policy. I acknowledge that the removal of or disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also may violate University of South Carolina policy and could constitute just cause for disciplinary action including termination of my employment on the first offense, regardless of whether or not criminal or civil penalties are imposed.

My signature below denotes that I have read, understand and agree to comply with the responsibilities listed above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
College/School/Campus/Department

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (m/d/yyyy)

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

\_\_\_\_\_  
Printed Name