



GTFF PROPOSAL

APPENDIX C I. DATA DELIVERY

I. DATA DELIVERY

A. GTF Data Lists

The University will provide a GTF Data (GTFD) list that incorporates all of the following elements:

Name

UO ID Number

Email Address

Mailing Address

Telephone Number

Class Level (Masters, Doctoral)

Major First Term of Attendance

Hire Department

FTE

GTF Level (I, II, III)

Term(s) of Appointment (fall, winter or spring during the academic year or summer only)

Monthly Pay

US Citizenship Status

Differences from previous GTFD list (~~effective January 1, 2011~~)

The University will provide the Dues/Fair Share list that incorporates all of the following elements:

Name

Bargaining Unit Status (Fair Share or Full Member)

Funds Collected

UO ID Number

B. Schedule of Data Delivery

The Dues/Fair Share lists will be provided to the GTFF monthly.

Academic year: GTFD lists will be prepared for pick-up every Monday between September 1 and October 18, and on the 1st and 15th in all other months during the academic year.

Summer (~~beginning summer 2011~~): GTFD lists will be prepared for pick-up on the 1st and 15th of the month, from June 15 through October 1.

C. The GTFF will provide to the University lists of GTFs who are enrolled in the Health Insurance program on a schedule that is to be determined by mutual agreement between the

GTFF Benefits' Administrator and the GTF Payroll Specialist in the University's Graduate School.

D. Modifications to the format of the GTFD list can be made with the agreement of the GTFF Benefits' Administrator and the GTF Payroll Specialist in the Graduate School.

II. ~~Model Consent Language~~ **Family Educational Rights and Privacy Act Waiver**

The following text will be included on all GTF employment contracts:

Acceptance and Consent

If you accept the position by signing below, you will be (1) accepting this GTF assignment under the conditions stated herein, and (2) providing the University with consent to disclose information about to the Graduate Teaching Fellows Federation (GTFF) for the purpose of administering their internal business practices. The information disclosed will include: name, email, mailing address, telephone number, class level (Masters, Doctoral) and academic major, first term of attendance at the University of Oregon, and teaching assignment, which means hire department, FTE, term(s) of appointment (F,W,S), and level (GTF I, II, or III).

I accept: _____ Date: _____

I do not accept: _____ Date: _____

Release of Additional Information to the GTFF

~~You must indicate by checking one of the boxes below whether or not~~ **By signing below,** I authorize the University of Oregon to release the following additional information to the Graduate Teaching Fellows Federation (GTFF) and, when necessary to administer insurance, the ~~Union's~~ **GTFF** Health and Welfare Trust: ~~you're~~ **my** UO ID Number, ~~you're~~ monthly pay, bargaining unit status (i.e., ~~whether you are a~~ fair share or full member), US citizenship status, ~~and funds collected in relation to bargaining unit status,~~ **and my rank in the applicant pool for this appointment.** The GTFF needs this information to verify access to health insurance benefits, ~~and for matters related to payroll deduction and other~~ **union** business practices. ~~Your contract will not be processed if you leave this section blank. Your~~ **My** authorization to release **this** information to the GTFF will remain in effect for the duration of this contract.

Signature _____ **Date:** _____

____ Yes, I authorize the University of Oregon to release this information to the GTFF.

____ No, I do not authorize the University of Oregon to release this information to the GTFF.

____ I also permit the University, in accordance with Article 17, Section 1 of the CBA, to release to the GTFF my rank in the applicant pool for this appointment.