



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

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Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov



DePaul University International Student Employment Agreement Form

This form must be read and completed in its entirety by the student employee.

The following is related to international student enrollment hours, work hours and employment eligibility for those who have F-1 or J-1 student status.

Please **initial** each of the following statements, to indicate you have **read and agree** to follow the requirements stated.

_____ I am required to be enrolled full time or a minimum of 12 quarter hours (8 for graduate students) or 12 semester hours and am exempt from paying the FICA tax during regular student terms for which I am enrolled.

_____ I am limited to working a maximum of 20 hours per week, during the school quarters (I am allowed to work more than 20 hours per week over the regular school breaks, including summer, with the agreement of my manager).

_____ I may not continue working as a student employee after completion of my degree requirements and must terminate all student employment positions at that time.

_____ I am responsible for maintaining my employment eligibility to continue working as a student employee and provide the Career Center with copies of employment eligibility documents when any changes occur.

_____ If I work more than one on campus position concurrently at any point (including stipend paid positions), I will work with all managers to ensure I am not working more than a total of 20 hours per week.

_____ I am aware that not completing the online self-service features, provide to me at the onset of my employment, may result in delayed payment and/or inaccurate tax withholding from my paycheck.

_____ If I am being paid through any means other than an hourly wage (e.g.—stipend), I understand that—even though I may be recording the hours that I work—my pay is not linked to the number of hours that I work.

_____ I am aware that DePaul has a Misconduct Reporting Hotline (1-877-236-8390) that students can call anonymously to communicate their concerns about misconduct or suspected violations of any laws or university policies.

_____ I am aware that as a Title IX responsible employee, I am required to abide by the Sexual & Relationship Violence Prevention and Response policy including the reporting of all sex discrimination, sex harassment and sexual or relationship violence to the DePaul Title IX Coordinator. More information can be found on the [dedicated page on the Public Safety website](#).

_____ I am aware that under the City of Chicago Paid Sick Leave Ordinance, only hourly paid student employees will be eligible to accrue paid sick leave. I understand the use of paid sick leave is only for the purposes listed under the ordinance as long as I ensure my eligibility with my manager. More information can be found on the [dedicated page on Paid Sick Leave on HR's website](#).

_____ I am aware that I am subject to all additional DePaul University employment policies and procedures where Student Employee is in the scope of the document. All policies may be viewed at <http://policies.depaul.edu>.

(To be completed by the Student Employee)

Employee
Name _____

Employee
ID _____

Department _____

I am a student employee and am therefore responsible for maintaining the necessary enrollment hours, work hours and eligibility for employment. I hereby understand this and will inform the Office of Student Employment and my manager of any changes in my enrollment, work hours and/or work eligibility, which may result in termination of my employment.

Signature _____

Date _____

This Agreement is not an employment contract and is not an agreement for employment for a specific period of time. Your employment with DePaul University is at-will, which means either you or DePaul University may end the employment relationship at any time.

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