

GUEST WORKER AGREEMENT

The United States Department of Commerce, _____, hereafter called the Host Agency, accepts _____ as a Guest Worker and will make available the facilities and provide the services described in the CONDITIONS/WORK PLAN Section of this Agreement. Either the Host Agency or the Guest Worker may terminate the Agreement at any time.

Signature of Host Agency Approving Official

Date

Signature of Host Agency Personnel Officer

Date

Date Agreement is Effective

Date Agreement Expires

The Guest Worker understands and agrees that:

- a. He/she may not perform functions of the Department.
- b. Any publication(s) resulting from his/her work in the Department of Commerce will respect the Department's obligations for confidential treatment of sensitive or proprietary information or of other information not available to the public.
- c. He/she waives any and all claims for compensation from the Government of the United States for any services performed. (Not applicable to U.S. Government employees.)
- d. He/she releases the Government of the United States from any and all liability for personal injury, death, or property damage or loss sustained in connection with his/her role as a Guest Worker.
- e. He/she accepts accountability for loss or damage to Government property occasioned by his/her negligence or willful action.
- f. His/her activities on the premises of the Host Agency or elsewhere in the Department of Commerce will conform to the administrative instructions and requirements of the Host Agency and the Department.
- g. The rights in any invention resulting from his/her work in the Department shall be determined by the provisions of Executive Order 10096, as amended. A preliminary determination of rights in the invention will be made by the Host Agency. When the Guest Worker is an employee of another Government agency, the determination will be forwarded to that agency for concurrence.

Exception:

Signature of Guest Worker

Date

NAME OF GUEST WORKER		CITIZEN OF	SOCIAL SECURITY NUMBER
ASSIGNED TO (OFFICE AND DIVISION)		HOST AGENCY SUPERVISOR	
OUTSIDE SPONSOR (NAME, ORGANIZATION, ADDRESS)		PRESENT EMPLOYER AND POSITION TITLE	
SECURITY ASSURANCE		DATE REQUESTED	
<input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED		DATE APPROVED	

CONDITIONS/WORK PLAN

1. Project(s) on which the Guest Worker will work; scope, and expected duration:

2. Host agency facilities available to the Guest Worker:

3. Frequency/Schedule of attendance:

4. Degree of supervision Host Agency will provide:

5. Other assistance or service Host Agency will provide:

APPROVAL OF WORK PLAN OF FOREIGN GUEST WORKER	PRESENT EMPLOYER AND POSITION TITLE	DATE
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HOST AGENCY TO COMPLETE THIS SECTION ON ARRIVAL OF GUEST WORKER

ARRIVAL DATE	EXPECTED DEPARTURE DATE	
ASSIGNED LOCATION	BUILDING AND ROOM NUMBER	TELEPHONE
LOCAL ADDRESS OF GUEST WORKER		TELEPHONE

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on this form. The authority for the collection of this data is 5 U.S.C. 301. Furnishing the information requested is voluntary. Its purpose is to establish and maintain an emergency locator file. Failure to provide the information could result in your not being located in an emergency situation.