

## Personal Care Attendant Agreement

I, \_\_\_\_\_ (*print name*), understand that I am being issued a Pepperdine University Identification Card for the sole purpose of my role as a Personal Care Attendant to \_\_\_\_\_ (*Pepperdine student's name*), and that in the event I am no longer employed by this student, I will surrender my identification card and any keys that I have been issued to the Office of Student Accessibility immediately upon termination of my employment.

I also understand that while I am on campus performing my duties as a personal care attendant I am required to conduct myself in a courteous and professional manner, in accordance with Pepperdine University policies and practices.

I am responsible for adhering to [Pepperdine University's Code of Conduct](#) and Housing Contract Terms and Conditions, as well as all other university policies.

I must park my vehicle in designated and identified parking areas, and am responsible for the payment of all parking fees or fines incurred.

I may participate in the University meal plan; the plan must be purchased by either the student/family or me.

I will not be permitted to have guests in the University facilities nor on campus at any time or under any circumstances.

I will not be permitted to remain on campus when the student is away from campus for visits or during official school closures, for example, holidays or semester breaks.

I and the student/family who employ me will be responsible to plan for emergencies, including school closure due to fires, inclement weather, or other situations when the student may remain on campus.

I understand that I may be subject to removal from the residence halls, expulsion from the University campus, loss of privileges or any other action the University considers appropriate in the event the University decides that I have acted in a manner inconsistent with above or if I have falsified any information on this agreement.

I also understand that my employment and services contract is between myself and the student/family and/or the agency for whom I work, and that I have no employment relationship or contract with Pepperdine University of any kind. In addition, I hereby release Pepperdine University from any and all claims or causes of action that could arise in connection with my work for the student/family and/or the agency for whom I work.

By signing this agreement, I confirm that I have submitted a copy of my required background investigation conducted by my employing agency and/or I will be responsible for submitting the appropriate documentation to Pepperdine so they may conduct a required background investigation. I understand that I will also be responsible for paying the application fee for the required background investigation. This investigation may take up to a month; the process should begin as soon as possible upon the student acceptance to the University.

I am also certifying that I have received and read a copy of Pepperdine University's [Personal Care Attendant Policy](#) and that all information about me on this form is correct and true.

PCA Name
Signature
Date
Address
Birth Date
Student Name
Signature
CWID
Date
OSA Director Signature
Date