

Department Request for Background Check E-Link Affiliate, Student, Volunteer, Special Circumstance Form Only

To Be Completed by Department				
Date:	From:			Department
Phone #:	Fax #:		Requester Email:	
Person to be Screened				
Name:		Phone #:		Email:
Type of Person:	If Affiliate, please choose type of Affiliate (If Other describe below):			er describe below):
If Special Circumstance was chosen, please explain the reason: *Examples of special circumstances are re-certifications, audit, summer camp, and employees working with minors.				
The selections below indicate applicable checks to be performed:				
Standard New Hire Background Check – Conducted for all individuals covered by the university's <u>Job Reference and Background Checks</u> <u>Policy HR 1.90</u> – to include: Criminal Conviction Check – County, State and Federal National Criminal Insight Check (includes Sex and Violent Offender Registry Check)				
Social Security Verification Check Employment Reference Check (to be completed by department – see Section E of HR 1.90)				
Optional Background Checks – Select the appropriate optional background check. These are usually for faculty and key leadership, finance and access positions, or positions which require a professional license/certification. Professional License/Certification Verification – Check this box if this position requires a Professional License/Certification Verification Credit History Check – Check this box if this position requires a Credit Check Education Verification – Check this box if this position requires a bachelor's degree or above List the Degree to be Verified: State Driver's License Verification – Check this box if this position requires an applicant to drive a university vehicle. Employment Verification				
The student requires a Drug Screen for school practicum or externship. What panel is required?				
Provide complete PeopleSoft Funding information:				
Operating Unit	0			
Department				
Fund				
Account	52070			
Class				
Project ID				
Proj. Costing Bus Unit				
Signature of person requesting the background check:				
Please submit this form to the Background Screening Office , by emailing <u>background@sc.edu</u> . If you have specific questions or concerns that our team can help you address, please contact the Background Screening Office by calling 803-777-6650.				