Observer Waiver

Faculty Waiver – Observer Conditions and Confidentiality Requirements

I have requested [Name] _____________________________ to be my Observer in a context where information about me considered confidential under North Carolina’s State Personnel Act, other laws, or applicable policies may be permissibly disclosed. I understand a second Observer, [Name] _______________, not chosen by me, may also be present. I authorize disclosure to Observers of all relevant information that is confidential to me and hold the university and its representatives harmless for such disclosure in this context. I further understand that the University may be obligated by law or policy to provide redacted copies or otherwise safeguard the confidentiality of identities or materials relating to individuals other than the faculty member. I understand that neither Observer is to be an active participant unless the parties agree otherwise. I understand that Observers are obligated to maintain confidentiality of any confidential information disclosed in this context unless I authorize further disclosure.

Date: __________________________  Signature: __________________________

Faculty Member

Observer Waiver – Conditions and Confidentiality Requirements

I [Name] ____________________________ have been requested by [Name] _______________ to serve as Observer in a matter regarding [Name] ___________________. I understand that information considered confidential under North Carolina’s State Personnel Act, other laws, or applicable policies may be permissibly disclosed and that [Name] ___________________ has authorized such disclosure. I further understand that the University may be obligated by law or policy to provide redacted copies or otherwise safeguard the confidentiality of identities or materials relating to individuals other than the faculty member. I further understand my obligation to maintain confidentiality of any such information unless [Name] ___________________ authorizes further disclosure. I understand that unauthorized disclosure would violate the State Personnel Act or potentially other laws or policies. Finally, I understand that Observers are not to be active participants unless the parties agree otherwise.

Date: __________________________  Signature: __________________________

Observer