

Self-Disclosure of Criminal Convictions

Section I: Instructions

Submit this form to the college/VP unit senior human resource professional (SHRP) or the Office of Human Resources (OHR) director of employee relations at 1590 N. High St., Suite 300, Columbus, OH 43201-2190; via fax to (614) 292-6199, or via e-mail to hr-criminalconvictions@osu.edu. A background check will also be conducted by the university in accordance with the Fair Credit Reporting Act.

Section II: Personal Information

Complete the following information and return to the college/VP unit SHRP or the director of employee relations.

Policy 4.17 – Self-Disclosure of Criminal Convictions requires that current faculty, staff, graduate associates, student employees, appointees, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minors participants in the course of their university duties self-disclose criminal convictions within three business days of the conviction. Disclosure is required whether the crime occurred in Ohio or other locations. The disclosure must be made to the college/VP unit SHRP or to the director of employee relations.

Last name	First name	Middle name
Unit name	Daytime phone #	E-mail

Section III: Conviction Information

I have been convicted of, or pled guilty to or no contest to, or am the subject of a finding of guilt by a judge or jury for the following crime(s):

Felony: _____

Misdemeanor (includes DUI/OVI): _____

Conviction	Conviction type	Conviction date (mm/dd/yyyy)
County	City	State

Description of charges and convictions –provide details of all offenses including nature, circumstances, and dates. Attach additional sheets if necessary. If you have a copy of the criminal record, please attach it. A conviction is not necessarily a bar to continued involvement with the university.

Employee signature	Date
--------------------	------

This Section to be Completed by the College/VP Unit SHRP or the Director of Employee Relations

Date of disclosure: _____

Date of referral to OHR or vice-versa: _____

Background check completed: _____

Evaluation completed: _____

Action steps: _____

_____ _____ _____

Individual notified: No action necessary. Individual will continue involvement with the university under agreement.
 Individual must be removed or terminated from continued involvement with the university.

College/VP unit human resource professional or designee signature	Date
---	------

Director of employee relations or designee signature	Date
--	------