

This form must be completed and submitted to USF Human Resources in order to begin the USF Summer Program DCF Clearance process. All sections of this form must be completed before USF HR will initiate the background checks. Incomplete forms will not be accepted and may be returned to the camp/program administrator. **This form should only be used to request USF Summer Program Background Checks.**

Upon completion, please email the request form to HR-BGroundCK@usf.edu.

USF Summer Camp/Program Information:

Summer Camp/Program Name: _____

Dates of Summer Camp/Program: _____

Camp/Program Location: _____

Will your camp be utilizing USF Residence Halls? Yes No

If yes, which Residence Halls will be used? _____

Camp/Program Director or designee: _____

Phone#: _____ Email Address _____

Camp/Program Coordinator: _____

Phone#: _____ Email Address _____

Please list all individuals who will be participating in your summer program.

Legal Name	Employee or Volunteer?	Employee ID	Employee/Volunteer Email Address	Employee/Volunteer Phone Number

Legal Name	Employee or Volunteer?	Employee ID	Employee/Volunteer Email Address	Employee/Volunteer Phone Number

Payment Authorization

Please completely fill out the payment authorization section that applies to your camp/program.

USF Summer Program Billing information:

Department Name: _____ Department Number: _____

Chartfield: ____ / ____ / ____ / ____ / ____

Opr. Unit (3)/Fund Code (5)/Department (6)/Initiative (7)/Project (10)