

VERIFICATION OF EMPLOYMENT FOR SCIENTIFIC DIVERS
(to be completed on official letterhead of employer)

In consideration of the University of Maine System and University of Maine (UMAINE) providing the employee named below with the opportunity to engage in scientific diving activities at UMAINE diving sites or facilities, or use UMAINE vessels and/or diving equipment, this document serves to verify that the employee named below is employed in a manner by which he/she is authorized to participate in scientific diving as part of his/her official duties and is eligible under applicable law or other statutory authority for worker's compensation benefits in the event of accident or injury resulting from the conduct of such diving activity.

Furthermore, the employer's responsible authority testifies that they agree to:

1. Maintain responsibility for administering worker's compensation benefits to the employee in the event accident or injury results while conducting scientific diving activities under the auspices of the University of Maine.
2. Indemnify and hold harmless the University of Maine System, its officers, employees, and agents, from all claims, demands and actions, including but not limited to costs, expenses and legal fees incurred in defending any such claims, demands, or actions, for damage to personal property, personal injury or death arising by reason of the negligent or other acts or omissions of the scientific diver.
3. Assume full responsibility and liability for tort claims and worker's compensation, to the fullest extent permitted by applicable law and/or statutory limits.

Employee Name: _____ Employee Title: _____

Employment Status: ___ Full Time ___ Part Time ___ Temporary ___ Other: _____

Employment Category: ___ Faculty/Staff ___ Student ___ Volunteer ___ Other: _____

Supervisor Name: _____ Supervisor Title: _____

Responsible Authority statement- *I certify that I am authorized to execute this verification of employment.*

Responsible Authority Name: _____ Title: _____

Responsible Authority Signature: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____