

There is a BIG difference in being an "Adjunct Instructor" for a university who is providing a class under a federal government grant, and being an actual "Homeland Security Instructor". The grant program that Tim Harrison is associated with (OGT Training Grant 144103) is funded by Texas A&M, National Domestic Preparedness Commission, Dept of Homeland Security, and FEMA. These departments are ONLY providing the grant revenue for the university. Tim knows this but attempts to wrongfully exploit and confuse the public in thinking he is actually associated with Homeland Security, he is NOT!

The Texas A&M University System
Employee Personal Data

HR 181
 (1/03)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Date: 11/1/05 Name: HARRISON Timothy ALAN
Last First Middle

Social Security number: [REDACTED] Birthdate: [REDACTED]
Month Day Year

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	Highest Educ. Level <input type="checkbox"/> 1--Less than high school <input checked="" type="checkbox"/> 2--High school/GED <input type="checkbox"/> 3--Associate degree <input type="checkbox"/> 4--Baccalaureate degree <input type="checkbox"/> 5--Master's degree <input type="checkbox"/> 6--Doctoral degree <input type="checkbox"/> 7--Special professional (M.D., D.V.M., etc.) <u>EMT-PARAMEDIC</u>
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EEO Minority Code <input checked="" type="checkbox"/> 1-White <input type="checkbox"/> 2-Black <input type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-Asian or Pacific Islander <input type="checkbox"/> 5-American Indian or Alaskan native	*Disability <input type="checkbox"/> No or decline to provide information <input type="checkbox"/> Yes (If yes, give nature of impairment below)
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*Veteran status (See back of form. Check all that apply.) <input type="checkbox"/> Veteran (other than Vietnam) <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Surviving spouse of veteran <input type="checkbox"/> Recently separated veteran—If yes, indicate armed services separation date <input checked="" type="checkbox"/> No/decline to provide information	Citizenship: <u>U.S.A.</u> <small>Country</small> VISA type: _____ <small>If other than U.S.</small> Expiration date: _____
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Residence address Street: <u>240 TEAKWOOD LANE</u> City: <u>SPRINGBORO</u> State: <u>OH.</u> ZIP: <u>45066</u> Phone: (937) <u>748-9169</u>	Mailing address Street/P.O. Box: <u>SAME</u> City: _____ State: _____ ZIP: _____ Phone: () _____
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In event of emergency notify: <u>PATRICIA A. HARRISON</u> Relationship: <u>wife</u> Address: <u>240 TEAKWOOD LN (937)748-9169</u> <small>City and state Springboro, Oh. Telephone</small>	Previously employed by state agency: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Previously employed by A&M System: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, detail dates, title, department, etc. below) <u>CITY OF OAKWOOD, OHIO.</u> <u>(PUBLIC SAFETY OFFICER)</u>
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Relatives who are System employees: (If yes, give name, title, relation and organization)
 Yes No

House Bill 1718 gives you the right to choose whether The Texas A&M University System should allow public access to your home address, home telephone number, Social Security number, and whether you have family members. If you do not declare this personal information as confidential, it will be open to the public. If you are a "peace officer," your home address and telephone number are automatically confidential. Mark one box in item 1 and one box in item 2.

1. Yes, I want my personal information to be confidential. No, I do not want my personal information to be confidential.
 2. I am a certified peace officer. I am not a certified peace officer.

Please read and sign page two of this form before returning it.

Employer should complete the following for employee: Faculty Staff Student Employee

PIN: D Location for staff directory: HQ
 ADLOC: 09-540000 Administrative dept. for check distribution: NERRTC
 Campus or office address: 501 TAYLOR Mail Stop: 8000 Phone: 458-6914
CS TX 77040

Terms and Conditions of Employment for Budgeted Employees:

I acknowledge that TEEX is an at-will employer and that during my time of employment, I may be dismissed from employment for any reason except (1) illegal discrimination because of race, color, religion, sex, age, national origin, veteran status, or physical or mental handicaps not related to the job, (2) retaliation for the lawful exercise of the First Amendment rights, or (3) the refusal to commit an unlawful act. In addition, I acknowledge that I must serve a probationary period the duration of which was set forth in my offer letter. I am aware there is no right of appeal of dismissal during the probationary period unless the dismissal violated the exceptions noted above.

Budgeted Employee's Name (Printed)

Social Security Number

Budgeted Employee's Signature

Date

Terms and Conditions of Employment for Wage Employees:

Wage personnel are employed on a temporary basis to provide services in support of TEEX programs. The length of employment is dependent on the needs of the agency; therefore, an employment contract is neither established nor implied. Employment can be terminated at the discretion of the agency at any time, with or without notice.

Temporary wage employee's hours of employment may not exceed 4½ months or an average of 20 hours per week for more than 4½ months. With the exception of worker compensation insurance and the employer contribution to social security (OASI), no other benefits are afforded temporary wage employees. Temporary wage employees are compensated for actual hours worked and are not eligible for sick leave, vacation leave, Family and Medical Leave Act (FMLA), military leave or holiday pay.

Timothy A. HARRISON
Wage Employee's Name (Printed)

Social Security Number

[Signature]
Wage Employee's Signature

11/1/05
Date

Terms and Conditions of Employment for Student Workers:

Student employees may be terminated at the discretion of the agency at any time, with or without notice. With the exception of worker compensation insurance, no other benefits are afforded student employees. They are not eligible for sick leave, vacation leave, Family and Medical Leave Act (FMLA), military leave or holiday pay.

Student Employee's Name (Printed)

Social Security Number

Student Employee's Signature

Date

Required for all Employees:

Human Resource Services Representative

Date

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.



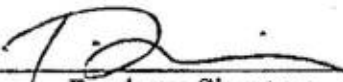
Employment Agreement for the Use of TEEX Materials

For and in consideration of my employment with the Texas Engineering Extension Service (TEEX), I understand that work that I develop, produce or compose in the course and scope of my employment is considered "works for hire." Therefore TEEX retains ownership of all data, copyrights and publications (i.e., "works," which includes, but is not limited to, software, writings, sound recordings, pictorial reproductions, drawings or other graphical representations, reports, blueprints and works of any similar nature, whether or not copyrighted or copyrightable) that I develop, produce or compose in the performance of my duties. As the sole and exclusive owner, TEEX shall have the right to determine the disposition of copyrights and/or other rights in the above described works.

I understand that I may not use or copy (paper or electronic) any TEEX materials outside of my official duties for TEEX, unless approved by the Director of TEEX. This includes any materials or works that I develop, produce, compose or use in my capacity as a TEEX employee.

In addition, I understand I may not distribute any TEEX materials to any 3rd party entity without prior written approval by the Director of TEEX.

I agree that if my employment with TEEX terminates for any reason, I will return all TEEX property to my appropriate administrator. I understand that any violation of the terms of this agreement may subject me to disciplinary action and possible legal action.



Employee Signature

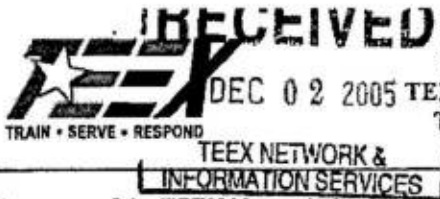
11/11/05

Date

Timothy A. HARRISON

Printed Name

State law requires that you be informed of the following: (1) you are entitled to request to be informed about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.



As a user of the TEEX Network, I agree to the following terms and conditions:

1. My password is assigned to me, and I will not allow others to know, possess, or use it;
2. I will not attempt to assist others gain unauthorized access to any TEEX Information System, which includes allowing others to use a computer I am logged in to;
3. I will not attempt to circumvent the system by using any unauthorized transactions, software, or files;
4. I will sign off the system when departing from my work station for extended periods of time and when the possibility exists for others to access my sign-on;
5. I will not engage in the distribution of unauthorized information from the AS/400 system or TEEX network.

I understand that violation of this agreement and of TAMUS policies and procedures may result in criminal prosecution to the full extent of the law (Chapter 33, Section 1, Title 7 of the Penal Code).

[Signature]
Signature

11/29/05
Date Signed

NERRTC
Division

Tim Harrison
Name -- you go by (Print or Type)

Adjunct Instructor
Title

937-748-9169
Work Phone Number

n/a
Assigned Work Building

State law requires that you be informed of the following:

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2. you are entitled to receive and review that information; and
3. you are entitled to have the information corrected at no charge to you.

****Complete ALL fields in this section ****

REQUIRED - DIVISION HEAD OR BUSINESS MANAGER - MUST COMPLETE

QUEENYA EVANS
Name (Print or Type)

Queenya Evans
Signature - Required

12/1/05
Date Signed

Type of Position: Budgeted Grad. Asst. Student Worker Wage Contractor

Special Security Needs: SMS (TIGRS) access Same authority as: _____ (User ID/Name)

FIS Web Reports Same authority as: _____ (User ID/Name)

Brio Same authority as: _____ (User ID/Name)

FOR NETWORK & INFORMATION SERVICES ONLY

AS/400 Network

Date: 12-19-05 12-19-05

Security: [Signature] [Signature]

Comments: _____

Assigned User ID: HARRIST1

Server: TBEXSRVA

E-mail: SHB

Notified: [Signature]



TEXAS ENGINEERING EXTENSION SERVICE
THE TEXAS A&M UNIVERSITY SYSTEM
Statement of Responsibility

Start Date: 09/15/2005

As a user of the TEEX Network, I agree to the following terms and conditions:

1. My password is assigned to me, and I will not allow others to know, possess, or use it;
2. I will not attempt to assist others gain unauthorized access to any TEEX Information System, which includes allowing others to use a computer I am logged in to;
3. I will not attempt to circumvent the system by using any unauthorized transactions, software, or files;
4. I will sign off the system when departing from my work station for extended periods of time and when the possibility exists for others to access my sign-on;
5. I will not engage in the distribution of unauthorized information from the AS/400 system or TEEX network.

I understand that violation of this agreement and of TAMUS policies and procedures may result in criminal prosecution to the full extent of the law (Chapter 33, Section 1, Title 7 of the Penal Code).

Signature: [Handwritten Signature] Date Signed: 11/29/05 Division: NERRTC

Name -- you go by (Print or Type): Tim Harrison Title: Adjunct Instructor Work Phone Number: 937-748-9169
Assigned Work Building: n/a

State law requires that you be informed of the following:
1. you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
2. you are entitled to receive and review that information; and
3. you are entitled to have the information corrected at no charge to you.

****Complete ALL fields in this section ****

REQUIRED - DIVISION HEAD OR BUSINESS MANAGER - MUST COMPLETE
Name (Print or Type): QUEENYA EVANS Signature - Required: [Handwritten Signature] Date Signed: 12/1/05

Type of Position: Budgeted Grad. Asst. Student Worker Wage Contractor
Special Security Needs: SMS (TIGRS) access Same authority as: _____ FIS Web Reports Same authority as: _____ Brio Same authority as: _____
(User ID/Name) (User ID/Name) (User ID/Name)

COPY

FOR NETWORK & INFORMATION SERVICES ONLY

AS/400: _____ Network: _____ Assigned User ID: _____
Date: _____ Server: _____
Security: _____ E-mail: _____
Comments: _____ Notified: _____