



University Affiliate/Non-Employee Form

Bio/Demo Data	Name (Last, First, Middle Initial)			Birth Date	Last 4 Digits of SSN*	
	Home Address			Previous Issued University ID		
	City			State	Zip	
	Phone			Email		
Profile	Affiliate Type+ _____ ^		Start Date		Planned Exit Date (<i>default is 1 year from start date - cannot be left blank</i>)	
	Reason for Entry	Authorizing Department	Working Department Name		Working Department Org ID	
Services	These OIT services are provided to the selected Affiliate Type:					
Signatures	Prepared By	Phone	Email		Date	
	Authorizing Department Representative Name	Department Representative's Title		Department Representative's Email Address		
	Department Representative's Signature	Emplid		Phone	Date	

*Optional field

+Select affiliate type from the Instructions Form

Completely fill out form and fax to 581-6466



University Affiliate/Non-Employee Form

Please follow these instructions when you fill out the form.

Field	Description
Name	Last name, First name Middle Initial
Birth date	Date of birth. This field is required for first time CIS login.
Last 4 digits of SSN	Provide only last 4 digits. This field is optional
Home Address	Street address
Previously Issued uNID	Enter previously issued uNID for the affiliate.
City	Enter City
State	Enter State
Zip	Enter Zip
Phone	Enter primary phone number
Email	Enter a valid email address
Affiliate Type	Click on drop down and select Affiliate type from list
Start Date	Date of access to University services
Planned Exit date	Default is 1year from start date. For POI type 10035, enter the date when the person will start employment
Reason for entry	Why affiliate is at the University
Authorizing Department	Enter Department ID of the department authorizing the affiliate to receive University services
Working Dept Name	Enter department name where affiliate will be working
Working Dept ID	Enter department ID where affiliate will be working
Services	This is a non-editable field which displays the services that will be provisioned to the affiliate.
Prepared By	Enter Preparer's name
Phone	Enter Preparer's phone
Email Preparer's email address	Enter Preparer's email address
Date	Enter Date form was completed
Authorizing Dept Representative Name	Name of authorizing authority (dept head, payroll reporter, etc.)
Dept Representative Title	Enter Authorizer's Title
Signature	Authorizer's Signature
Emplid	Enter authorizer's Emplid
Phone	Enter authorizer's Phone
Date	Date authorizer completed form