



# Non Employee Associate Form

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REQUESTING DEPARTMENT COMPLETE THIS SECTION

Org. Code: \_\_\_\_\_

Department Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Expected Position Title: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

### REASON FOR REQUESTED ACCESS

Employee of Contractor      Volunteer      Consultant

Other: \_\_\_\_\_ Contract Begin Date: \_\_\_\_\_

Role on Campus: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

#### Check Box That Applies

Email Access      Financial Manager      Other

### SIGNATURES

Associate: \_\_\_\_\_ Date: \_\_\_\_\_

Requester: \_\_\_\_\_ Date: \_\_\_\_\_

HR: \_\_\_\_\_ Date: \_\_\_\_\_

#### HUMAN RESOURCES ONLY:

Banner ID Number \_\_\_\_\_

Notice Emailed to: Public Safety, ITR, Payroll, Business Office & Administrative Svcs \_\_\_\_

### MUST COMPLETE THIS SECTION

#### RACE-More than one can be selected

- WHITE
- BLACK or AFRICAN AMERICAN
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- ASIAN (Not Hispanic or Latino)
- AMERICAN INDIAN or ALASKAN NATIVE
- 2 OR MORE RACES/ ETHNICITIES

#### **HISPANIC or LATINO**

- HISPANIC or LATINO
- NOT HISPANIC or LATINO

#### **GENDER-Select ONE**

- MALE
- FEMALE

#### **MARITAL STATUS-Select ONE**

- S-SINGLE
- M-MARRIED

#### **CITIZENSHIP-Select ONE**

- US CITIZEN
- NON-US CITIZEN

#### **RESIDENCY STATUS-Select ONE**

- N-NON RESIDENT ALIEN
- P-PERMANENT RESIDENT
- U-UNITED STATES CITIZEN
- R-RESIDENT ALIEN
- X-UNKNOWN