



UNC Pembroke Affiliate Information Form

(Form to be completed by an individual whose relationship with UNC Pembroke is other than as a primary employment and who has no expectation receiving payment by UNC Pembroke Payroll Department. Examples include: post docs or dual employees from other UNC campuses or State Agencies. This affiliate role requires Banner access).

PLEASE TYPE OR PRINT CLEARLY

NAME: (Print name as listed on Social Security Card)

DATE OF BIRTH:

_____/_____/_____
PREFIX FIRST MIDDLE LAST SUFFIX MM DD YYYY

SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP COUNTY

PRIMARY PHONE Home Cell Other SECONDARY PHONE Home Cell Other

E-MAIL ADDRESS

Gender: M F Not Disclosed **MARITAL STATUS:** Single Separated Divorced
 Married Widowed

RACE: Are you Hispanic or Latino? Yes No Not Disclosed
If you have identified yourself as Hispanic or Latino, you are not required to select an additional category.

RACE Categories:

- American Indian/Alaskan Native Asian African American
- Native Hawaiian or Other Pacific Islander White

PLEASE CHECK THE APPROPRIATE CITIZEN STATUS THAT APPLIES:

___ A CITIZEN OF THE UNITED STATES ___ A NON-RESIDENT ALIEN
___ A LAWFUL PERMANENT RESIDENT (ALIEN#) _____

AFFILIATE BEGIN DATE _____ ANTICIPATED END DATE _____

BY SIGNING AND DATING THIS FORM, I AGREE THE INFORMATION PROVIDED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

AFFILIATE SIGNATURE AND DATE _____

For Department Use Only: REPORTS TO DEPARTMENT BANNER FUND/ORG _____ DEPARTMENT NAME _____ FINANCIAL MANAGER/WORK UNIT AUTHORIZATION _____ PHONE # _____

For Human Resources Use Only: Date Entered _____ Affiliate Banner ID _____ Department Notified Date _____
