

The University of North Carolina - Chapel Hill
APPLICATION FOR REGISTRATION AS UNC AFFILIATE

Affiliate's Bio-Demo Information:

PID: _____

If already have one

| | | |
|--------------------------|--|-------------|
| Legal Name: | | |
| First | Middle –not just initial | Last |
| Suffix: | Former last name(s) <small>If previously affiliated with the University under that name</small> | Birth Date: |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | SSN* |
| Home Address: | | |
| Business/Campus Address: | | |
| Telephone Number: | Home | Business |
| Email Address: | | |

Affiliation Information:

| | | | |
|--|--|--|---|
| Dept. No. | UNC – CH Host Department/ School: | | |
| Affiliate Type: | <input type="checkbox"/> Campus Ministries / Hillel <input type="checkbox"/> Carolina Club Employee <input type="checkbox"/> Carolina Dining Employee <input type="checkbox"/> EHS Associate <input type="checkbox"/> External Employee <input type="checkbox"/> Fellow – Unpaid <input type="checkbox"/> US EPA <input type="checkbox"/> Research Collaborator <input type="checkbox"/> UNC Trustee <input type="checkbox"/> University Temp Svcs Employee <input type="checkbox"/> Other Contractor/Consultant | <input type="checkbox"/> Summer Group <input type="checkbox"/> Friday Center Staff <input type="checkbox"/> Committee/Board Member <input type="checkbox"/> Emergency Official <input type="checkbox"/> AHEC Affiliate <input type="checkbox"/> Student - Grants PI <input type="checkbox"/> Hospital Associate <input type="checkbox"/> Emeritus Faculty <input type="checkbox"/> Retiree <input type="checkbox"/> Other Affiliate | OHR APPROVAL REQUIRED <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Independent Contractor Approved by OHR <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dates Registered: | Start Date: | End Date: | |
| On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No | One Card Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |
| Affiliate Title: | | | |

| | |
|----------------|----------------|
| Sponsors PID | Sponsors Name |
| Sponsors Email | Sponsors Phone |

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|---|
| Reason for Request: |
| <small>** This is for positions NOT paid by UNC Payroll only. Please make sure that UNPAID is listed in Affiliate Remarks when submitted by HR.**</small> |

By signing below, you authorize the individual named above to obtain a PID number for official Campus business. The signer, also, acknowledges responsibility for this individual's actions while utilizing Campus Services.

Sponsor's Signature: _____

Date: _____

Note: Affiliates are defined as any person who is not paid by or is not attending the University of North Carolina at Chapel Hill and requires University Resources to work in conjunction with UNC-Chapel Hill. Affiliates must have a UNC-Chapel Hill sponsor. Please be aware that PID processing can take up to **two business days**. Please give this form to your departmental HR Representative for processing.

If needing a One Card: After approval in the Affiliate System by the PID Office go to the One Card office with a drivers' license, passport or military ID for identification purposes and the \$5 card fee. If the department would like to pay the fee, please contact the One Card Office 919-962-8024.

* The Social Security Number is requested by the institution solely for administrative convenience and record keeping accuracy, and is requested only to provide a personal identifier for the internal records of the institution.