

# Person of Interest

Please use Adobe Acrobat Reader or Pro to complete form.

Name: (Last, First, M): \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

UW Department: \_\_\_\_\_ Dept. ID #: \_\_\_\_\_

Building: \_\_\_\_\_ Room # \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_ Personal Phone Number: \_\_\_\_\_

## TYPE OF AFFILIATION:

Non UW-Whitewater faculty member teaching a course at UWW w/out pay.

Non UW-Whitewater research scholar working at UWW faculty w/out pay (Ex. Dissertation)

Non UW-Whitewater person helping on the recruitment panel.

Non UW-Whitewater person approving timesheets.

Consultant or contractor providing services to UWW.

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

Submitted By: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Please fill out and submit to Human Resources via fax: 262/472-5668. Questions: 262/472-1024