**The University of North Carolina - Chapel Hill**

Application for Registration as UNC Affiliate

**ALL FIELDS MUST BE COMPLETED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Reason for Request: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| \*\* This is for positions NOT paid by UNC Payroll only. Please make sure that UNPAID is listed in the Reason for Request in the Affiliate System.\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Affiliate Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name: | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | |
|  | | | | Last | | | | | | | | | | | | | First | | | | | | | | | | | Middle –not just initial | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |
| Birth Date: | | |  | | | | | | | | | | | | | | Gender: | | | Male  Female | | | | | | Suffix: | | | | | | |  | | | | |  | | |
| PID: |  | | | | | | | | | | | | | | | | SSN\* | |  | | | | | | | | | | | | | | |  | | | | | | |
|  | If already have one | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |
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| Email Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Home Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Home Telephone Number: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Business Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Business Telephone Number: | | | | | | | | | | | | | |  | | | | | | | | | | | Terminal Degree | | | | | | | | | | Yes  No | | | | | |
| Affiliate Type: | | | | | | Visiting Scholar  Research Collaborator  Contractor  External Employee  Fellow  Volunteer  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Affiliate Title: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Dates Registered: | | | | | | | | Start Date: | | | | | | |  | | | | | | End Date: | | |  | | | | | | | | | | | | | | | | |
| OHR Approval | | | | | | Yes  No  Full Time  Part Time One Card Needed  Yes X No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On Campus  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Sponsor Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | Maria E. Ferris | | | | | | | | | | | | | | | | | | | | | | | | | PID: | | | | 708655940 | | | | | | |  | | |
| Email Address: | | | | | Maria\_ferris@med.unc.edu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Sponsor Phone Number: | | | | | | | | | | | | | 919-445-2678 | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| UNC – CH Host Department/ School: | | | | | | | | | | | | | | | | Medicine/Medicine | | | | | | | | | | | | | | Dept No. | | | | | | 4228 | |  | | |
| Campus Address: | | | | | | | 7021 Burnett Womack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Campus Box No. | | | | | | | | | | 7155 | | | | | | | | Campus Telephone Number: | | | | | | | | | | | 919-445-2678 | | | | | | | | |  | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 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 Facilitator for processing in the Affiliate System.**

*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.**