

NON-EMPLOYEE (AFFILIATE) APPOINTMENT FORM

Use to establish Non-Employee Affiliates and LBNL Postdocs

For Visiting Scholars and Visiting Student Researchers, please use the "[Visiting Scholars Form](#)". For Volunteers, please use the "[Volunteer Form](#)".

| NON-EMPLOYEE INFORMATION (TO BE COMPLETED BY AFFILIATE) | | | |
|--|---|--------------------|-------|
| <i>Please provide Legal Name (below) as it appears on your government issued ID.</i> | | | |
| Legal Name: | Local Address: | | |
| Email: | | | |
| Student ID (if applicable): | Is Affiliate related to coursework? | | |
| Employee ID (if applicable): | Date of Birth (MM/DD/YYYY): | | |
| Affiliate Statement: I understand that either I or the University may terminate this relationship at any time without notice. I agree to abide by all rules and regulations of the University. I understand that I am not an employee of the University and will not be paid for this appointment. | | | |
| Affiliate Signature: | | | Date: |
| APPOINTMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR/DIRECTOR) | | | |
| <i>Please refer to the "Contingent Worker (CWR) Usage Guide" below if you're unsure which Affiliate Appointment to Select:</i> https://ucpath.berkeley.edu/contingent-worker-cwr-usage-guide | | | |
| Appointment Type: | <i>(select appointment type to see description below)</i> | | |
| Appointment Type Description: | | | |
| NOTE: If title above has an asterisk "*", please fill out the following: | | | |
| Start Date: | End Date: | Hours Worked/Week: | |
| "Reports To" Position #: | Will this position supervise others? | | |
| Work Location: | Unit/Dept.: | | |
| VISIT INFORMATION | | | |
| DUTIES/RESPONSIBILITIES | | | |
| | | | |
| NOTES | | | |
| | | | |
| APPROVALS | | | |
| <i>Attach email if needed in lieu of signature below</i> | | | |
| Preparer Name: | Signature: | Date: | |
| Department Name: | Signature: | Date: | |

Personal Data & Emergency Contact Information

NON EMPLOYEE INFORMATION (TO BE COMPLETED BY AFFILIATE)

Section 1: Personal Data

| | | |
|----------------------|-------------|-----------------|
| Last Name: | First Name: | Middle Initial: |
| Local Check Address: | | |
| City: | State: | Zip Code: |
| Home Phone: | Cell Phone: | Personal Email: |
| Birthdate: | Student ID: | Employee ID: |

Section 2: Work History

Do you have prior and/or current employment with any UC Campus, UCOP or National Lab?

If YES, please specify below which campus:

Campus: _____ Approximate Dates: From: _____ to: _____ Time of Service: Years: _____ Months: _____

Section 3: Educational History

Student Status:

Highest Level of Education Completed:

Section 4: Citizenship Status

Are you legally authorized to work in the United States?

Section 5: Emergency Contact Information

In case of an emergency at work while I am employed with the University of California, Berkeley, please contact the person(s) below to advise them of the situation. I understand this information will be kept confidential and will be referred to only in the event of an emergency.

| | |
|---------------------|---------------------|
| Name: _____ | Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Phone 1: _____ | Phone 1: _____ |
| Phone 2: _____ | Phone 2: _____ |

I acknowledge that I have received and that it is my responsibility to read the following documents and links: New Hire Paperwork Instructions and Policy Reference links (which includes: Conflict of Interest Policy for Public Officials, Instructions for entering W-4 Tax Allowance, and the University of California Policy on Substance Abuse) as they hold information Pertinent to the position to which I will be held accountable.

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|