

## 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> <a href="https://ucpath.berkeley.edu/contingent-worker-cwr-usage-guide">https://ucpath.berkeley.edu/contingent-worker-cwr-usage-guide</a>			
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:
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