

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 # _____

Personal Email: _____ 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