

University of Arkansas for Medical Sciences

NON - EMPLOYEE INFORMATION

Sponsoring departments are responsible for getting the non-employee information into SAP by using this form to communicate to HR or the appropriate designee. UAMS privileges will not be granted to any non-employee unless and until the non-employee is in SAP database. All questions are required. Refer to UAMS Administrative Guide Policy 4.5.30. <http://www.uams.edu/AdminGuide/PDFs/4.5.30.pdf>

Section 1: Must be completed for all types of non-employees

Name of Non-Employee: _____ (use the same name on all forms, including the Confidentiality Agreement)
First MI Last

Social Security Number: _____ - _____ - _____ (if none, call HR/Record, 603-1307)

Birth Date: ____/____/____ Visa: No ____ Yes ____ Type _____ (If Yes Required Field)

Gender: Female: ____ Male: ____

Sponsoring Department: COP Exp Education _____ 50048599 _____
Name Org Unit ##

Start date _____ End date _____

Reason: ____ Contractor ____ Volunteer
____ Visiting Student Retain Email Only

What will they be doing?
Preceptor to student(s) in the UAMS College of Pharmacy

UAMS OR Cell Phone Number: Phone: 501-686-6494

UAMS Location: ED II, 6/137 Email Address: _____

UAMS Mail Slot: 522 Phone #: _____

Name of company who employs this person: _____

Address _____
(home address of the non-employee)

City, State, Zip Code _____, _____, _____

Services include domain access, on-line telephone listing, and ID badge

Please call these departments for additional services:
Parking (UAMS Parking) _____
Library Privileges _____

PURPOSE/JUSTIFICATION OF APPOINTMENT AND SCOPE OF RESPONSIBILITIES:

APPROVALS OBTAINED BY SPONSORING COLLEGE OR UNIT: Prior to obtaining the Dean/Cabinet Member and Provost approvals, the sponsor must obtain approval from all applicable offices and attach documentation to this appointment form. Instructions for approvals are included below; the sponsor should refer to policy 12.0.0 for any questions.

Signature of Department Director/Chair, Sponsoring Department Representative/Designee:

Name Title Date

Please include a telephone number should we have any questions: _____

OHR 11/13/14 (rev)