

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 50083651  
Name Org Unit ##

Start date \_\_\_\_\_ End date \_\_\_\_\_

Reason: \_\_\_\_ Contractor \_\_\_\_ Volunteer  
\_\_\_\_ Visiting Student X 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 \_\_\_\_\_  
(work 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 x

**PURPOSE/JUSTIFICATION OF APPOINTMENT AND SCOPE OF RESPONSIBILITIES:**

Teaches COP students on rotation.

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 Seth Heldenbrand, PharmD Title Associate Dean, Experiential Education Date \_\_\_\_\_

Please include a telephone number should we have any questions: 501-686-6392

OHR 11/13/14 (rev)