## REQUEST FOR CONTINGENT WORKER APPOINTMENT

## (formerly University Affiliate)

If you'd like to use this as a fillable form, please open it with Adobe

Requested	d by:		on		
		Faculty/Staff	Date		
Please Ap	point:				
	EID:Date of Birth:				
Email Add	lress:				
Citizenshi	p:	Non-Resident Alien	US Citizen	Permanent Resident	
•	•				
Type of U	niversity Aff	filiate (please select O	NE type only)		
Vis	siting Resea	rcher/Scholar	Research Fellow	Sr. Research Fellow	
Ot	her (if other	r, please describe):			
Privileges	(please che	ck all that apply):			
Bu	ilding Acces	s After Hours	Library Access	Parking Permit	
Account n	o. for requi	red background checl	k (acct. must end in 50	)-59):	
	=	_		,	
	·	, , , , ,	· · ·	_	
Start Date	2:	End D	ate:		
Purpose o	of Position:				

Benefit to UT:	
Nork Location (City, State, Country)	
I would like to request a workspace for this continger Location? (if known)	
I do not need a workspace for this contingent worker *Where is physical location for this employee?	
NOTE: If office space is needed, please consult with Tomas G	iomez, tgomez@austin.utexas.edu
Will he/she be issued a UT owned computer? Ye	s No
Signature or Electronic Signature of Mgr. or Designee	 Date
Signature of Electronic Signature of Migr. of Designee	Date
Signature of Associate Dean of Academic Strategies or CBO <sup>1</sup>	Date
<sup>1</sup> The Associate Dean for Academic Strategies will approve al	I research and academic

affiliates. All others will be approved by the CBO.

Please submit this form to  $\underline{\text{lbjhr@austin.utexas.edu}}$