

REQUEST FOR AFFILIATE STATUS FORM (USP-18)

INSTRUCTIONS: This form must be completed for all Affiliate requests, renewals, and terminations of Affiliate status. An Affiliate is any individual who has an affiliation with the University but is not a student or employee of the university. **Completed forms should be emailed to kayla_lombardi@uri.edu.**

STEP 1. TYPE OF REQUEST

New Request Renewal Request Termination Request

STEP 2. AFFILIATE'S INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

URI ID# or Social Security (or International Passport) Number: _____

Home Address: _____

City/Town: _____ State: _____ Zip Code: _____ Country: _____

Home/Cell Contact #: _____ Personal Email: _____

STEP 3. AFFILIATE'S CERTIFICATION AND SIGNATURE

- Yes. I will abide by all University policies and understand that Affiliate status is at the discretion of the University and may be withdrawn at any time.
- Yes. I will identify myself clearly and accurately in all communications that I am an Affiliate.
- Yes. I will return my ID card to the Human Resources Department at the end of my appointment.

Affiliate's Signature: _____ **Date:** _____

DEPARTMENT REPRESENTATIVE:

STEP 4. DEPARTMENT AND REQUESTOR'S INFORMATION

Affiliate's Department Name: _____ Department's eCampus ID#: _____

Department Address: _____

Requester's Name _____ Requester's Contact # _____ Requester's Email: _____

Requester's Department: _____ Requester's Job Title: _____

STEP 5. AFFILIATE'S DUTIES

Duties/Responsibilities:

Start Date: _____ End Date*: _____ **End date may be a maximum of 1 year from the start date*

STEP 6. REQUESTOR'S CERTIFICATION AND SIGNATURE

- Yes. I understand that I have an immediate affirmative responsibility to notify HR of any change or termination to this request.

Requestor's Signature: _____ **Date:** _____

HUMAN RESOURCES:

STEP 7. HR APPROVAL

RPS Approval Date: _____ Employee ID#: _____

HR Signature: _____ **Date:** _____