Classification (Circle one below)   ☐ Background Check Completed

Temporary / Temp Faculty/ Faculty / Classified / Exempt / Volunteer / Affiliate** *See affiliate instructions on back*

Department: _____

Supervisor: _____

Last Name	First Name	Middle Int.	Date of Birth

Home Address	City	State	Zip	Telephone

Social Security Number	Country of Citizenship	Marital Status	Gender

Previous Names Used	Email

FOR NEW/RETURNING EMPLOYEES ONLY:

Are you currently receiving PERSI retirement income?   Yes _____ No _____
Are you vested in PERSI? (Vesting 5 years)   Yes _____ No _____
Previously Employed by the State of Idaho?   Yes _____ No _____
Include all part-time and temporary employment with the University of Idaho and any other state agencies. This information is used to compute service credit. (Only include employment with other State of Idaho agencies)

Dates of Employment	Location	Classification	Name Used

**Please Note: Your campus mailing address & office phone number will be posted in the University of Idaho Online Directory. If you would like your information excluded from the directory please contact Human Resources or your supervisor. You will need to request this information to be excluded should you change positions at the University at any time.

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary e-mail account on file. (Not applicable to volunteers or affiliates)
- I understand that my benefit information about my plan choices, dependents enrolled, cost, and qualifying life events may be found at my benefit portal in VandalWeb.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through my VandalWeb portal.

_____   _____

Signature   Date

*Please return this form to Human Resources by fax: 208-885-3602   ***DO NOT EMAIL!***

AFFILIATE MEMBER INSTRUCTIONS:

1. Supervisor to complete Classification Information.
   > **Please include any parties to be notified of affiliate set up under "Supervisor"
2. Supervisor to select Affiliate type below
3. Affiliate member to complete personal information on form & sign
4. Fax form to 208-885-3602 ****DO NOT E-MAIL****
5. HR will email V# after affiliate set up is completed
6. Department will apply an Affiliate EPAF:

MFOAPT	Affiliate Member Appointment
MFOSUP	Affiliate Member Appointment / Supervisory Role
MFTERM	Term Affiliate Member / Non-Supervisory Role
MFTRMS	Term Affiliate Member / Supervisory Role

7. Vandal Card can be requested by Department after EPAF is completed
8. ITS can be contacted to set up email account after EPAF is completed

Affiliate Types (Indicate Below) *all are not paid by the University of Idaho*

☐ **A1 = Nonpaid instructional staff.** Affiliates or volunteers that are instructing/teaching/overseeing a course/activity.
   - High school teachers teaching dual credit courses
   - Professional development instructors paid by another agency
   - Individuals that are coaching or tutoring
   - Other collaborators of this nature not approved for associated faculty status: International (J1) non-paid visiting professors

☐ **A2 = Nonpaid non-instructional staff.** Affiliates not involved with instructing/teaching/overseeing courses or activities
   - Van driver only for activity or program
   - Helpers with health clinic functions
   - Staff of collaborating programs, organizations or institutions (e.g. ROTC program); (J1) non-paid visiting scholars/researchers

☐ **A3 = Nonpaid associated faculty – 1565.** Used for faculty appointments as affiliates or adjunct) See FSH 1565F. University Associated Faculty) approved by the Provost and Executive Vice President, not paid by the University of Idaho.

Please return this form to Human Resources by fax: 208-885-3602   ***DO NOT EMAIL!***