

# AFFILIATE DATA FORM

Note: Affiliates can be active for 1 year; ending date is required.

If active status needs to be extended after 1 year, a new Affiliate Data
Form must be submitted.

HR USE ONLY	
Date:	
Initials:	

Effective Date of Affiliation	ffective Date of Affiliation Ending Date:					
Name Employee ID (if known) First Middle Initial Last  Note: Employee name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.						
Gender: □Male □Female Marital Status: □Single □Married						
Date of Birth: Social Security Number:						
Home Address:	City: _		State: Zip:			
Fund School/Discipline/Dept ID #		Program	Project			
Department Name	Departmen	Box Departm	nent Phone			
Contact Name Contact Email						
Supervisor ID Does affiliate need a Picture ID?   Yes  No Instructor of Record?  Yes  No						
Will this Affiliate be working with Minors? □ Yes □ No Reason for Affiliation						
Highest Level of Education: ☐ HS/GED	☐ Associate	☐ Bachelor ☐ Mas	ters			
□ J.D./M.D.	□ Ed.D	□ Ph.D. □ Othe	er Explain:			
Citizenship Status: ☐ A citizen of the U☐ A lawful permar		☐ A noncitizen national ☐ An alien authorized				
Ethnic Origin (Ethnic Group definitions are on page 2): Are you Hispanic or Latino?   Yes  No						
What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American Select only one ☐ Native Hawaiian or Other Pacific Islander ☐ White						
I,						
		Affiliate's Signature	Date			
<b>Confidentiality</b> - Under federal law The University of Southern Mississippi is required to collect and report data regarding the gender, racial and ethnic composition of its workforce. This information is used for reporting administrative purposes.						
The University of Southern Mississippi Approvals:						
Budget Authority or Principal Investigator	Date	Director	Date			
Dean/Vice President	Date	Human Resources	Date			

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### **Instructions:**

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Mail:

**Employee:** Complete and sign the form. The form can be provided in one of three ways below.

Hattiesburg	Gulf Coast	

**1** Fax: 601-266-4541 (Human Resources) 228-214-5412 (Human Resources)

Human Resources 118 College Drive #5111 Human Resources 730 East Blvd

Hattiesburg, MS 39406 Long Beach, MS 39560

**3** Provide to hiring department.

**Department:** Confirm that the Affiliate Data Form is signed before submitting to Human Resources.

Do not retain a copy of this form as it contains protected information.

## **Definitions:**

### Addresses:

<u>Home Address</u>: The place where the affiliate physically resides. For Foreign Nationals, the Home address must be their Foreign Address, and the mailing address will be their local address.

### **Ethnic Origin:**

<u>American Indian or Alaska Native</u>: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black/African American: A person having origins in any of the Black racial groups of Africa.

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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