

**NON-PAID
AFFILIATES DATA FORM**

Complete form and forward to Human Resources prior to affiliate's effective activity date.

DATE: ___/___/___

NAME: _____ TITLE: (Dr., Mr., Ms., Mrs.) LAST FOUR OF SOC. SEC. : _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: () _____ Listed Unlisted EMAIL ADDRESS: _____

GENDER: Male Female

BIRTH DATE: ___/___/___
Mo. Day Year

CITIZENSHIP: US Citizen Non-immigrant Alien
Permanent Resident Immigrant Unknown

ETHNICITY: White Non-Hispanic Black Non-Hispanic
American Indian/Alaskan Native Asian/Pacific Islander
Hispanic or Latino Other

MARITAL STATUS: Single Married Widowed
Other _____

VETERAN STATUS: None Other Protected Vet. Only
Vietnam Vet. Only Both Vietnam/Other Eligible Vet.

EMERGENCY CONTACT

PERSON: _____

RELATIONSHIP: _____

HOME PHONE: () _____

BUSINESS PHONE: () _____

AFFILIATE'S SIGNATURE:

DATE: ___/___/___

APPROVALS:

SUPV./MANAGER'S NAME: _____

DEPT/OFFICE: _____

AFFILIATE'S EFFECTIVE ACTIVITY DATE:

___/___/___

AFFILIATE'S ENDING ACTIVITY DATE:

___/___/___

SUPV./MANAGER'S SIGNATURE:

DATE: ___/___/___

FOR HUMAN RESOURCES USE ONLY

CONTRACATOR

FT. SAM HOUSTON

ROTC

Other: _____

HR OFFICIAL INITIALS: _____

DATE: ___/___/___

BANNER # _____

NOTES: