



Non-Paid Affiliate Form

Complete form and forward to the Office of Human Resources.

DATE:

SECTION A (NON-PAID AFFILIATE):

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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LAST FOUR OF SOCIAL SECURITY NUMBER:	DATE OF BIRTH (MM/DD/YYYY):
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ADDRESS:	CITY:	STATE:	ZIP CODE:
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COUNTY:	PHONE NUMBER:	LISTED	UNLISTED
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EMAIL ADDRESS:

CITIZENSHIP:	US CITIZEN	NON-IMMIGRANT ALIEN	PERMANENT RESIDENT IMMIGRANT
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EMERGENCY CONTACT NAME:	RELATIONSHIP:
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EMERGENCY CONTACT PHONE NUMBER:

NON-PAID AFFILIATE'S SIGNATURE:	DATE:
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SECTION B (APPROVER/SUPERVISOR):

HAS A PERSONAL SERVICE AGREEMENT (PSA) OR CONTRACT BEEN SUBMITTED AND APPROVED THROUGH LEGAL AND BUSINESS & FINANCE? YES OR NO. IF NO, PLEASE EXPLAIN.

PROVIDE A REASON FOR THIS REQUEST:

WILL THE NON-PAID AFFILIATE NEED FACULTY ACCESS?	YES	NO
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SUPERVISOR'S NAME:

DEPT/OFFICE:

NON-PAID AFFILIATE'S EFFECTIVE ACTIVITY START DATE:

NON-PAID AFFILIATE'S EFFECTIVE ACTIVITY END DATE:

SUPERVISOR'S SIGNATURE:	DATE:
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FOR HUMAN RESOURCES USE ONLY:

CONTRACTOR

FT. SAM HOUSTON

ROTC

OTHER:

HR OFFICIAL SIGNATURE: _____ DATE: _____

NON-PAID AFFILIATE'S BANNER NUMBER: _____

Revised 08 21 2025