

#### Note for completing the UNC Affiliate application form

- The form is fillable.
- DO NOT attempt to respond where there is not a fillable box.
- DO NOT include your social security number.
- DO include information for all fillable fields.
  - This includes both home and business addresses (even if they are the same).
  - This includes both home and business phone numbers (even if they are the same).
  - Exception: Completing the Gender information is optional.

**The University of North Carolina - Chapel Hill**  
**APPLICATION FOR REGISTRATION AS UNC AFFILIATE**

Reason for Request: **Research Collaboration**

\*\* This is for positions NOT paid by UNC Payroll only. Please make sure that UNPAID is listed in the Reason for Request in the Affiliate System. \*\*

**Affiliate Information:**

Legal Name: _____		
<small>Last</small>	<small>First</small>	<small>Middle –not just initial</small>
Birth Date: <small>format: month dd, yyyy</small> _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Suffix: _____
PID: _____ <small>If you already have one</small>	SSN* (do not enter at this time) _____	
Email Address: _____		
Home Address: <small>include street, city, state, zip code</small> _____		
Home Telephone Number: <small>required; cell ok; can be same as business</small> _____		
Business Address: <small>include street, city, state, zip code</small> _____		
Business Telephone Number: <small>required; cell ok can be same as home</small> _____		Terminal Degree <input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliate Type: <input type="checkbox"/> Visiting Scholar <input checked="" type="checkbox"/> Research Collaborator <input type="checkbox"/> Contractor <input type="checkbox"/> External Employee <input type="checkbox"/> Fellow <input type="checkbox"/> Volunteer <input type="checkbox"/> Other		
Affiliate Title: <u>Research Affiliate</u>		
Dates Registered: Start Date: <u>Contract start date</u> End Date: <u>Contract end date</u>		
OHR Approval <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Part Time One Card Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
On Campus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Sponsor Information:**

Name: <u>Mary Jane Hill</u>	PID: <u>704270718</u>
Email Address: <u>hill@unc.edu</u>	
Sponsor Phone Number: <u>999-999-9999</u>	
UNC – CH Host Department/ School: <u>Carolina Population Center</u>	Dept No. <u>4910</u>
Campus Address: <u>123 West Franklin Street, Room 2155</u>	
Campus Box No. <u>8120</u>	Campus Telephone Number: <u>999-999-9999</u>

By signing below, you authorize the individual named above to obtain a PID number for official Campus business. The signer, also, acknowledges responsibility for this individual's actions while utilizing Campus Services.

Sponsor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Note:* Affiliates are defined as any person who is not paid by or is not attending the University of North Carolina at Chapel Hill and requires University Resources to work in conjunction with UNC-Chapel Hill. Affiliates must have a UNC-Chapel Hill sponsor. Please be aware that PID processing can take up to **two business days**. Please give this form to your departmental HR Facilitator for processing in the Affiliate System.

*If needing a One Card:* After approval in the Affiliate System by the PID Office go to the One Card office with a drivers' license, passport or military ID for identification purposes and the \$5 card fee. If the department would like to pay the fee, please contact the One Card Office 919-962-8024.

\* The Social Security Number is requested by the institution solely for administrative convenience and record keeping accuracy, and is requested only to provide a personal identifier for the internal records of the institution.