University of Arkansas for Medical Sciences

NON - EMPLOYEE INFORMATION

Sponsoring departments are responsible for entering non-employee information into SAP. This form may be helpful to the department. Granting of UAMS privileges is contingent upon the entering of the following information into the SAP database.

Name of Non-employee: _____ _____ _____
First MI Last

Social Security Number: _____ - ____- _____

Birth date _____

Sponsoring Department: _ _____ _____
Name Org Unit#

Name of Company who employs this person: _____
(Or home address of the non-employee)

Address _____

City, State, Zip Code _____, ___, _____

Gender Female _____ Male _____ Unknown _____

Start Date on campus _____ End Date on campus _____

UAMS phone number: _686-6494_____ Second work phone Number _____

UAMS location: _N/A_____ (building/number)

UAMS mail slot: _N/A_____

UAMS fax number: _N/A_____

Services include Domain Access, On-line Telephone Listing, and ID Badge

Please call these departments for additional services:

Parking (UAMS Parking)	☐Yes	☒No
Library Privileges	☒Yes	☐No
Other		

_____

Signature of Department Director/Chair, Sponsoring Department:

_____ _____ _____
Name Title Date

Please include a telephone number should we have any questions:
Telephone _____