

Human Resources Person of Interest

Prepared By	Phone	Date
Send completed form to Payroll via Fax 561-3456		

Campus	Department
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Personal Data				
Last Name (Legal Name)	Suffix	First Name (Legal Name)	M.I.	MaineStreet ID #
Former Legal Names		Have you EVER been a STUDENT or EMPLOYEE at ANY University of Maine System campus?		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (mm/dd/yyyy)		
Home Address				
Email where we can contact you			Phone#	

Emergency Contact		
Last Name	First Name	Relationship to Employee
If address is same as employee's, check here: <input type="checkbox"/>	Street Address	Phone
	City, State, Zip Code	

Education			
Degree	Institution	Institution Location	Year

University Relationship (Person of Interest Type)

<input type="checkbox"/> Alumni	<input type="checkbox"/> Graduate Advisor	<input type="checkbox"/> Pre- Hire Faculty	<input type="checkbox"/> Visiting Faculty
<input type="checkbox"/> Campus Card	<input type="checkbox"/> Intern	<input type="checkbox"/> Pre-Hire Law Faculty	<input type="checkbox"/> USM MFA Faculty
<input type="checkbox"/> Consultant	<input type="checkbox"/> Law Community	<input type="checkbox"/> PT Law Faculty	<input type="checkbox"/> Pre-Hire Staff
<input type="checkbox"/> Contractor	<input type="checkbox"/> OLLI at USM	<input type="checkbox"/> Non-Employee Temp	<input type="checkbox"/> Cross-Campus Affiliation
<input type="checkbox"/> Other (please explain)			<input type="checkbox"/> Business Unit

University Contact/Sponsor		
Purpose for University Access	Start Date	End Date
University Staff Authorizing Access	Department	
Position #	Campus Address	Campus Phone

I certify that all of the information provided on this form is accurate and complete to the best of my knowledge.

University Employee Signature	Date
POI Signature	Date