

STAFF AFFILIATE DATA ENTRY REQUEST

Please complete this form and the [Affiliate Demographic Form \(ADF\)](#), and fax both forms to HR-Client Services Transaction Center at 277-2456.

GENERAL INFORMATION

Date Submitted: _____ Submitted by: _____	
Department: _____	Phone: _____ Email: _____

AFFILIATE INFORMATION

Name of Affiliate: _____	Banner ID: _____
Job Title: _____	
Reason for giving this person this affiliate role: _____	
Start Date: _____	End Date: _____ Affiliate's Home Org Code: _____
Separate Affiliate? <input type="checkbox"/> Separation Date: _____ (UNMMG and Foundation Affiliates only)	
Signature of Dept. Head or Dean: _____	

AFFILIATE ROLE (SELECT ONE):

AFFILIATE ROLES			
	ROLE DESCRIPTION	ROLE NAME	ADDITIONAL PAPERWORK
<input type="checkbox"/>	Locum tenens contracted to the University	AFIL_CONTRACTOR_MEDICAL	ADF
<input type="checkbox"/>	UNM Foundation staff members	AFIL_STAFF_UNM_FOUNDATION	ADF
<input type="checkbox"/>	UNM Medical Group staff members	AFIL_STAFF_UNMMG	ADF
<input type="checkbox"/>	University VIP	AFIL_UNIVERSITY_VIP	ADF
<input type="checkbox"/>	Learning Central Access for individuals not automatically provisioned for Learning Central	AFIL_CONTRACTOR_LRN_CTRL CHECK BOX IF HSC <input type="checkbox"/>	ADF
<input type="checkbox"/>	STC.UNM (Formerly known as Science & Tech Corp. @ UNM)	AFIL_STC	ADF

Date Entered: _____	Entered By: _____
UNM ID: _____	Email Sent: _____
Comments: _____	