



**“PERSONS OF INTEREST” DESIGNATION FORM**

PERSON INFORMATION		
Last Name:	First Name:	MI:
Emplid(If available):	Start Date:	Expected End Date:
DeptID:	DeptID #	PO Box #

**Please Select the Appropriate Classification:**

**PRE-HIRE:** This individuals requires access to services (Net-ID, email etc.) prior to their official start date of     /     /     (Note: On-line applicant status must indicated “Offer Accepted” prior to approval)  
**Complete this form along with an Employee Information Form**

**AFFILIATE**  
 University Affiliates are *select* individuals from UA-approved affiliate institutions, hospitals and clinics who perform services for the University. Individual Affiliate status is approved by Human Resources or the COM Faculty Affairs Office. A current list of approved affiliate institutions is available at [http://www.hr.arizona.edu/03\\_hire/volGuidelines.php#affil](http://www.hr.arizona.edu/03_hire/volGuidelines.php#affil) .  
**Complete this form along with Affiliate/Associate Information Form and Affiliate/Associate Agreement and Release Form.**

UA Title: \_\_\_\_\_ OR  Use “University Affiliate” Designation

Affiliate Institution: \_\_\_\_\_ Sponsoring UA Dept # \_\_\_\_\_

**ASSOCIATE**  
 University Associates include non-salaried researchers, instructors, clinical instructors, visiting scholars and other approved guests who are directly engaged in the research and academic mission of the UA, but are not affiliated with an approved affiliated institution. For additional information see [http://www.hr.arizona.edu/03\\_hire/volGuidelines.php#affil](http://www.hr.arizona.edu/03_hire/volGuidelines.php#affil)  
 UA Associate, Research    UA Associate, Instruction    UA Associate, Clinical    UA Guest  
 Unpaid Visiting Scholar    Principal Investigator    Other UA Title: \_\_\_\_\_  
**Complete this form along with an Affiliate/Associate Information Form and Affiliate/Associate Agreement and Release.**

**DESIGNATED SYSTEM USER**  
 **Non-UA Time Approver:** Non-UA employees who supervise University employees.  
 **Non-UA Payment Requester:** Non-UA employees who approve clinical doctors’ UPH contractual arrangements for payment within the University system.  
 **Non-UA Time Coordinator:** Non-UA employees who are time coordinators for University departments.  
 **Non-UA Administrative Coordinator:** Non-UA employees requiring UA systems access (e.g. Foundation)  
**Complete this form along with a Designated Systems User Agreement and Release Form.**

Preparer:	Phone:	Email
Preparer’s DeptID:	Preparer’s DeptID #	PO Box #
Department Approver:	Date:	
College/COM Dean/VP:	Date:	
Human Resources/COM Approver Signature:	Date:	

**Routing:** (A) Pre-hire forms should be forwarded to Human Resources. (B) Affiliates and Associates documents should be routed to Human Resources (Main campus) or to the College of Medicine (COM) Faculty Affairs Office in Tucson or Phoenix as appropriate. (C) Completed forms for Designated Systems Users may be forwarded directly to Systems Control.