

## Person Of Interest (POI) INFORMATION SHEET

This form is used to request a Person/Student/Employee Identification Number or to add or update a current or prior relationship with the campus. The ID number allows network access such as email and a username.

For ID number requests: After the ID number has been generated, you will be notified via the email provided on the form. Please report to Human Resources to request an ID card after receiving the email. All ID cards (except for Students and Student Employees) are issued by Human Resources in WH A-340 after the ID number is generated.

### *Instructions*

*To prevent the creation of duplicate ID numbers, please provide as much information as possible. Please print clearly or fill it in electronically.*

Please indicate purpose the of this form: 1. Requesting a new ID # because one has never been assigned, 2. To update the new relationship. For example: The Individual listed was previously a Volunteer on campus and is now an Employee of ASI, necessitating a change of relationship with the campus.

*Effective date* – Enter the effective date of the relationship.

*End date* – Enter the end date of the assignment. If this is a temporary relationship and no date is entered, a default of 90 days will be assigned.

Status—Is this a temporary relationship or a regular (Permanent) relationship? Select one.

Please indicate if Employee/Volunteer is a current or prior CSUDH Student. Select one.

*Legal name* – Print/Enter the legal name (as it appears on the Social Security Card) of the Employee/Volunteer. This helps to identify the individual in the case of duplicate/similar names and prevents duplicate ID #s being created.

*Date of Birth* – **Required.** Enter the Date of birth. This helps prevent duplicate ID #s.

*Gender* – Select preferred Gender type.

*Social Security Number* – **Required.** Enter the Social Security Number as it appears on the Social Security Card. This helps prevent duplicate ID #s being created.

*Home & Mailing Address* – Enter the home/ mailing address.

*Note: If the home and mailing addresses are the same, please check the box.*

*Telephone* – Enter the telephone numbers in the appropriate areas. Example cell, home, etc. The preferred phone type is always business phone.

*Email Address* – Enter the email address in the appropriate areas. Example Home, Business, On-Campus, etc. The preferred email type is always business email. Please print clearly. This is how you will be notified that the ID# or status has been updated.

Check the box that *best* describes the relationship with the campus.

Department and Supervisor's names. This is the person that will also be notified once the ID number is created.

All signatures must be complete before the form reaches Human Resources.

**Person Of Interest (POI) INFORMATION SHEET**

Used to request a campus ID# or update relationship with campus

**Required Information**

New POI (No ID # assigned previously)  Update Relationship Student/Employee ID # \_\_\_\_\_

Effective date: \_\_\_\_\_ End date: \_\_\_\_\_ Select Employee Type: \_\_\_\_\_

**Are you a current or prior student?**

Legal name: \_\_\_\_\_  
(As it appears on the Social Security Card) First Middle Last

Date of Birth: \_\_\_\_\_ Select Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Address**

Home Address: \_\_\_\_\_  
Street City State Zip Code

Same as Home  
Mailing Address: \_\_\_\_\_  
Street City State Zip Code

**Telephone**

Cellphone: \_\_\_\_\_ Business: (310) 243 - \_\_\_\_\_ (Campus phone only, *preferred*)

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

**Email**

Home: \_\_\_\_\_ On-Campus: \_\_\_\_\_@toromail.csudh.edu

Other: \_\_\_\_\_ Business: \_\_\_\_\_@csudh.edu

**Campus Relationship**

- Aramark  ASI Employee  Campus Volunteer  CAMS  Emeritus Faculty  Emeritus Staff  
 Foundation Employee  Resident Assistant  Recruitment Partner  Student Union Employee  Temporary Agency

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

*NOTE: I certify that the statements made by me on this form are truthful and accurate to the best of my knowledge. I understand that any falsification of information herein may result in the loss of my campus privileges and network access.*

POI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affected Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affected VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Authorization: \_\_\_\_\_ Date: \_\_\_\_\_