



NOTICE: Absolutely no additions will be made without the employee's SOCIAL SECURITY NUMBER. The social security number is only used internally and will not be published to the directory.

Name: _____ Social Security#: _____
Last First MI UIN#: _____

Status: Academic Support Staff Extra Help Temporary
(Check One)

Rank/Title: _____

OFFICE ADDRESS INFORMATION

Department/Section: _____

Office Room: _____ Mail Code: _____

Phone: _____ Fax: _____ Pager: _____

EMAIL/NETID INFORMATION:

The NetID must be a 3-8 character, alpha/numeric identifier. Keep in mind that your NETID services as your e-mail address, which is a PERMANENT NAME. Special characters may not be used. Please provide 2 choices.

Email/NetID: _____
(ONLY 3-8 CHARACTERS LONG) Option 1

(ONLY 3-8 CHARACTERS LONG) Option 2

Employee Signature

Date

THIS FORM MUST BE SIGNED AND DATED. This form may be mailed to 1031 CSB, Department of Medicine (MC 787), 840 s. Wood Street, Chicago, IL 60612-7323 or fax to (312) 413-5604.

OFFICE USE ONLY: Information entered: _____