



Person of Interest (POI) Form

The completed form must be submitted to University Personnel at least 10 business days prior to the start date. Failure to submit completed form will result in delay of access.

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City, State, ZIP: _____

Phone Number: _____ Date of Birth: _____ SSN (last 4 digits): _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____ Relationship: _____

I understand I am being provided access to various campus systems, software or buildings to perform the listed duties. The access and services will be at the direction of the listed supervisor, unless performed as an independent contractor. I understand that no compensation will be provided for the listed duties before, during or after the appointment dates, unless such duties are elements of a formal contract. I also understand my access and assignment may be ended at any time at the discretion of the supervisor, or in accordance with contractual provisions. Initial: _____

Department Information

Type of Appointment: _____ Affiliation: _____ ID# (if applicable): _____

Start Date: _____ End Date: _____

Reason Access Requested/Description of Duties:

- Choose all that apply:
- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Drive a vehicle on University business? <i>If yes, Defensive Drive training is <u>mandatory</u>.</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Requires an Otter ID for IT access only? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Travel on University business? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Requires an Otter ID for building access? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Working with minors? <i>If yes, LiveScan fingerprinting is <u>mandatory</u>.</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Working with Level 1 data ? <i>If yes, a background check is <u>mandatory</u>.</i> |

Department Name: _____ Department ID: _____

Manager Name: _____ Manager Phone Number: _____

Supervisor – As the manager (MPP), I am responsible for notifying University Personnel if the Person of Interest (POI) assignment ends before the listed end date. I understand that failure to do so will result in the person retaining unauthorized access to campus facilities, building, and/or computer systems. Initial: _____

Person of Interest Signature

Date

MPP Administrator

Date

Instructions for completing Person of Interest (POI) Form

A person of interest (POI) is a non-employee affiliate of CSUMB. Depending on the assignment, a POI may or may not request access to computers, facilities, or buildings. It is the responsibility of the appointing department to determine and request what access is required for the POI outside any agency contract. I understand I am being provided access to various campus systems, software or buildings to perform the listed duties. The access and services will be at the direction of the listed supervisor. Outside of any vendor contract, I understand that no compensation will be provided for the listed duties before, during or after the appointment dates. I also understand my access and assignment may be ended at any time at the discretion of the supervisor.

The POI must complete the fields listed in *Italics*. The Department is required to complete all other information.

First Name: Enter first name.

Middle Initial: Enter middle initial.

Last Name: Enter last name.

Address: Enter current physical street address

City, State, ZIP: Enter city, state, and ZIP code.

Date of Birth: Provide date of birth.

Social Security Number: Provide last four digits of SSN

Phone Number: Enter phone number.

Email Address: Enter email address.

Emergency Contact: Enter name of person to contact in case of emergency.

Phone Number: Enter phone number of emergency contact.

Relationship: Enter relation to emergency contact.

Volunteer must initial statement regarding compensation.

Type of Appointment: Select the type of POI for this appointment.

Affiliation: Select the type of affiliation the POI has with CSUMB. If no affiliation, select "None".

ID# (if applicable): Enter CSUMB ID# if POI is staff, faculty, or student.

Start Date: Enter start date of appointment. (Must be at least 10 days before form is submitted to University Personnel.)

End Date: Enter end date of appointment.

Description of Duties: Provide detailed description of duties/responsibilities for POI and deliverables (if any).

Additional Duties: Indicate which, if any, additional duties apply. If driving is required, Defensive Driver training must be completed before beginning appointment.

***If POI will be working with minors or will have access to Level 1 data, additional processing time for fingerprinting/background checks will be required. Departments must plan accordingly.**

Department Name: Enter name of Department.

Department ID: Enter ID number of Department.

Manager Name: Enter name of manager. **Must be an MPP who will be responsible for all projects and activities of the volunteer.**

Manager Phone Number: Enter the campus phone number for the manager.

Manager must initial assignment and access statement.

Person of Interest Signature: Signature of POI

Manager Signature: Signature of manager. **Must be an MPP who will be responsible for all projects and activities of the volunteer.**

Please send completed forms to University Personnel. University Personnel will review and approve POI appointment. Please note that processing time will depend on the nature of the appointment and if a background check (including fingerprinting) is required. The Department will be responsible for requesting any email account, access to buildings, or other requirements of assignment.