



## 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 appointment.

### Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand I am providing my services, performing the listed duties. The services will be at the direction of the listed supervisor. I understand that no compensation will be provided for the listed duties before, during, or after the appointment dates. I also understand that I serve at the pleasure of my supervisor. **Initial:** \_\_\_\_\_

### Department Information

Type of Appointment: \_\_\_\_\_ Affiliation: \_\_\_\_\_ ID# (if applicable): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Description of Duties:

- Additional Duties:
- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <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 | 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 | <a href="#">Working with Level 1 data</a> ? <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 assignment ends before the listed end date. I understand that failure to do so will result in the person retaining any requested access to campus facilities, building, and/or computer systems. **Initial:** \_\_\_\_\_

\_\_\_\_\_  
Person of Interest Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Dean/Director Signature

\_\_\_\_\_  
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.

The employee 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.

***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.