

Volunteer POI Request

Last Name First Name Middle Initial Date of Birth mm/dd/yyyy Chico State ID

Street Address City State Zip Home Phone Number

Personal Email Address (must be non-campus)* *Identity and Access Management (IAM) email address must be a personal email address (may not end in csuchico.edu). This address is used during account initialization and may be used when prompted for password recovery.

Emergency Contact Name Emergency Contact Phone Number

Department Department ID

Person of Interest Type Start Date mm/dd/yyyy End Date mm/dd/yyyy

Supervisor Name _____ Send completed signed form to Payroll Zip 010

Assignment & Summary of Duties (Please be specific)

Are you receiving course credit for activities listed above? Yes No

Are you currently a CSU, Chico Employee? Yes No

If yes, please provide the following:

Position Department Time Base

Will volunteer be teaching or assist teaching? Yes No

Is the Volunteer a visiting scholar? Yes No

Are you volunteering in a field that requires a license or certificate? Yes No

If yes, do you have the required license or certificate? Yes No

Please provide document

Administrator Signature Date

This is to acknowledge that I am volunteering my service, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

Volunteer Signature Date

I have verified that this individual is not a current CSU, Chico Employee.

HRIS Representative Signature Date

Volunteer is a current employee. I have verified that the duties being performed by this employee are different in nature than their primary employments.

HR Manager / Academic Personnel Date

POI Faculty Volunteer 00106

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