

North Carolina Agricultural and Technical State University
HR Affiliate OneID Request Form

Sponsor Instructions: A sponsor is defined as a university employee. An affiliate is not a university employee, however, an affiliate needs a OneID to access a university resource(s) in order to work with a sponsor on university related business. Submit a completed form to HR via mail (1020 East Wendover) or email (hr@ncat.edu).

Section 1: Affiliate Information & Agreement (Note: Handwritten signature required; no electronic signature.)

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Company: _____ Email: _____
Phone: _____ Specify prior NCA&TSU email or "N/A". _____
Specify prior Banner ID or "N/A". _____

Confidentiality Security Agreement

I understand that access is being requested to a service(s). If approved, I will treat all information as sensitive and /or confidential unless informed otherwise. I will not share accounts and passwords provided to me with anyone. I will ensure that information is properly secured in electronic, written, and/or printed format and will only disclose the information when authorized. I will not perform an illegal or unauthorized activity(s) that would cause harm directly or indirectly to the University network, data, and/or information technology. I will abide by federal and state regulations, industry standards, and University policies and standards (<https://hub.ncat.edu/administration/its/policies/index.php>). When my University relationship ends, I will not access University services nor keep or disclose University information in any format.

Affiliate Signature: _____ Date: _____

Section 2: Sponsor Information & Agreement (Note: Handwritten signature required; no electronic signature.)

First Name: _____ Middle Initial: _____ Last Name: _____
Department: _____ Building: _____ Rm/FI: _____
Job Title: _____ NCA&T Email: _____ Phone: _____
Access request reason. _____

Is a background check necessary? Y N ***If not sure, please contact HR before completing form.***

Type "X" on the line beside the option that best describes the affiliate's relationship with the university.

- | | |
|---|--|
| <input type="checkbox"/> Academic Collaboration (i.e. JSNN, researcher) | <input type="checkbox"/> Non-enrolled Patron |
| <input type="checkbox"/> Auditor | <input type="checkbox"/> Partnership (i.e. Alumni Assn., B&N, Payroll) |
| <input type="checkbox"/> Consultant/Contractor | <input type="checkbox"/> Employee - subject to hire |
| <input type="checkbox"/> Election/Appointment (i.e. BOT) | <input type="checkbox"/> Temp Agency hire |
| <input type="checkbox"/> Emeritus | <input type="checkbox"/> Visiting Scholar |
| <input type="checkbox"/> Entity Affiliation (i.e. Foundation) | <input type="checkbox"/> Other; specify _____ |

Begin Date: _____ End Date (1 yr. max): _____ ***(access will terminate after expiration)***

I understand that HR will provide me with the OneID credentials and I will relay the information to the affiliate. I will notify HR if the affiliate relationship ends before the end date so that access can be terminated. I understand that I will not receive a reminder about the end date and agree to submit a new form prior to the end date for uninterrupted affiliate access.

Sponsor Signature: _____ Date: _____