



u %o μ • ((] [¯] < š] } • v š / v • š OE μ š] }

d Z] () OE u u μ • š %o o } š () OE v Ç s } o μ v š s } OE μ v š & OE μ o š Ç UOE v] v P μ μ • š] •] š] v P
 ^ Z } d] OE] OE] ξ (] v d OE] OE] %o %o }] W š o X v } š v •] š] Á %o } u] Ç] } OE • < μ] OE
 š μ v OE P } I P Z OE] μ w l } OE OE] u] v o OE (] Ç] • Á Z o o } X P v ^ h E š / v
 u %o μ • ' u] } μ š X

CSUEBAffiliations: W o • Á E š Z u] š OE] OE Á š š OE u š Z %o %o OE } %o OE] š š } š (P) OE Ç X

Affiliation Category	Affiliates	Applicable Form
*Volunteers	Volunteer	Campus Affiliation Request
*Faculty Volunteer	Faculty Volunteer	Campus Affiliation Request
Student Volunteer		
*Visiting Scholar	Instructional Visitor	Campus Affiliation Request
Campus Guest	Auditor	Campus Affiliation Request
eLearning	Training Course(s)	Campus Affiliation Request
Auxiliary Foundation	Foundation Employees/Board	
Auxiliary-Associated Students	ASI Employees	Compensated Campus Affiliate Request
Temporary Agency	Temporary Agency Contractor	Compensated Campus Affiliate Request
Food Vendor	Food Vendor	Compensated Campus Affiliate Request

ŽMandated Reporters } o μ v š & OE μ b š Ç s } o μ v š š] OE š] Z P o u OE • š μ u] š š Z u v } OE
 } (Á E μ š] Á í K OE X OE

> P o E u W W OE } Á] (μ o o v } u ^ o • μ] OE] š Ç %o OE X } v

E š / W OE } Á] OE (š %o %o o] o

K W W OE } Á] š } (] OE š Z X

^^ EZ v < μ] OE v } OE OE š } P u %o OE } š Ç v /

D] o] v P W OE • } Á] u] o] v P OE • •

W Z } v E μ u W OE } Á] } ((v u %o μ • %o μ Z } v OE

W OE • } v o W OE } Á] } ((u %o μ • W a] v } W / v () OE u b b b } OE sp • (• q ` • O W Z } v v μ

%o OE š u v š / W &] Á r] P] š W } %o o ^ } (

D v P OE I ^ μ %o OE Á] • μ OE μ E u W P OE } OE •

u %o μ • ((] Ź] ‹ š] } • v š / v • š Œ μ š] }

Manager/Supervisor Contact Number: u %o μ • } v š š Œ μ u

Effective Date: P] v š } (• • μ P w š X

Appointments cannot exceed one (1) year in duration. Ongoing assignments beyond one (1) year require the completion of a new form.

End Date: A %o š v š } (• • μ P w š X Please note: An end date is required

Assignment and Summary of Duties: d } } u %o š Ç Œ u v š U • % % Œ } A P r À Z R € w 2.5 0 Td (s

& 203 (16\$7 (& \$038 AFFILIATION REQUEST FORM

7+,6)250 0887(+ \$1' '(/,9(5(' 72 +5 6\$

Please Select Affiliation:

Legal Name: _____
Last First Middle

E š / W _____ š } (] CE š Z W _____ ^

Mailing Address: _____
Street City and State Zip Code

Phone Number: _____ Personal Email: _____

u CE P v } Q š š W _____ W Z } v W _____
Name 10 Digit Phone Number

Department Name: _____ Department D: _____

Supervisor's Name: _____ Contact Number: _____

Effective Date: _____ End Date: _____
Required field

Assignment and Summary of Duties: _____

CE Ç}µ]AE]vP u] AE]o]šš(}CE]vPM z • E }
CE Ç}µ]CE]vš hv]À CE]µ]š]CE]š (µ]šÇ u%o}Ç M z • E }
t]oo Ç}µ CE (µ •š]vP]CE]CE]uš%µ • Ç•š u • }CE %o%o] š]]v•M E }