



Person Of Interest (POI) INFORMATION SHEET

This form is used to request a Person/Student/Employee Identification Number or to add or update a current or prior relationship with the campus. The ID number allows network access such as email and a username.

For ID number requests: After the ID number has been generated, you will be notified via the email provided on the form. Please report to Human Resources to request an ID card after receiving the email. All ID cards (except for Students and Student Employees) are issued by Human Resources in WH A-340 after the ID number is generated.

Instructions

*To prevent the creation of duplicate ID numbers, please provide as much information as possible. **Please print clearly or fill it in electronically.***

Please indicate purpose the of this form: 1. Requesting a new ID # because one has never been assigned, 2. To update the new relationship. For example: The Individual listed was previously a Volunteer on campus and is now an Employee of ASI, necessitating a change of relationship with the campus.

Effective date – Enter the effective date of the relationship.

End date – Enter the end date of the assignment. If this is a temporary relationship and no date is entered, a default of 90 days will be assigned.

Status—Is this a temporary relationship or a regular (Permanent) relationship? Circle one.

Please indicate if Employee/Volunteer is a current or prior CSUDH Student. Circle one.

Legal name – Print/Enter the legal name (as it appears on the Social Security Card) of the Employee/Volunteer. This helps to identify the individual in the case of duplicate/similar names and prevents duplicate ID #s being created.

Date of Birth – Enter the Date of birth. This helps prevent duplicate ID #s.

Gender – Circle Gender.

Social Security Number – Enter the Social Security Number as it appears on the Social Security Card. This helps prevent duplicate ID #s being created.

Home & Mailing Address – Enter the home/ mailing address.

Note: If the home and mailing addresses are the same, please check the box.

Telephone – Enter the telephone numbers in the appropriate areas. Example cell, home, etc. The preferred phone type is always business phone.

Email Address – Enter the email address in the appropriate areas. Example Home, Business, On-Campus, etc. The preferred email type is always business email. Please print clearly. This is how you will be notified that the ID# or status has been updated.

Check the box that *best* describes the relationship with the campus.

Department and Supervisor's names. This is the person that will also be notified once the ID number is created.

All signatures must be complete before the form reaches Human Resources.



California State University
Dominguez Hills

Human Resources Management
1000 E. Victoria Street – WH A-340 Carson, CA 90747 | (310) 243-3771 | FAX (310) 516-3595

Person Of Interest (POI) INFORMATION SHEET

Used to request a campus ID# or update relationship with campus

New POI (No ID # assigned previously) Update Relationship Student/Employee ID # _____

Effective date: _____ End date: _____ (Circle One) Temporary/Regular

Are you a current or prior student? (Circle one) *Yes / No*

Legal name: _____
(As it appears on the Social Security Card) First Middle Last

Date of Birth: _____ Gender: (Circle One) Male/Female Social Security Number: _____

Contact Information

Home Address: _____
Street City State Zip Code

Same as Home

Mailing Address: _____
Street City State Zip Code

Telephone Information

Cellphone: _____ Business: (310) 243 - _____ (Campus phone only, *preferred*)

Home phone: _____ Other phone: _____

Email Information

Home: _____ On-Campus: _____@toromail.csudh.edu

Other: _____ Business: _____@csudh.edu

Check the box that best describes the (new) relationship with the campus:

- ASI Employee Campus Volunteer CAMS Emeritus Faculty
- Emeritus Staff Foundation Employee Student Union Employee Temporary Agency

Department Name: _____

Supervisor's Name: _____

NOTE: I certify that the statements made by me on this form are truthful and accurate to the best of my knowledge. I understand that any falsification of information herein may result in the loss of my campus privileges and network access.

POI Signature: _____ Date: _____

Affected Manager's Signature: _____ Date: _____

Affected VP Signature: _____ Date: _____

HR Authorization: _____ Date: _____