



## Campus Affiliation Request Instructional Guide

This form must be completed for any Volunteer, Volunteer Faculty, eLearning, Campus Guest, Visiting Scholar, Auxiliary Affiliate and Temporary Agency appointee. Please note [sensitive positions](#) may be required to undergo a background check and/or criminal records check. Affiliates will be assigned a CSUEB Net ID and campus Gmail account.

**CSUEB Affiliations:** Please review the matrix below to determine the appropriate affiliation category.

Affiliation Category	Affiliates	Applicable Form
<i>*Volunteers</i>	Volunteer	Campus Affiliation Request
<i>*Faculty Volunteer</i>	Faculty Volunteer	Campus Affiliation Request
Student Volunteer	Student Volunteer	Campus Affiliation Request
<i>*Visiting Scholar</i>	Instructional Visitor	Campus Affiliation Request
Campus Guest	Auditor	Campus Affiliation Request
eLearning	Training Course(s)	Campus Affiliation Request
Auxiliary-Foundation	Foundation Employees/Bookstore Employees	Compensated Campus Affiliate Request
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

**\*Mandated Reporters:** Volunteers, Faculty Volunteers and Visiting Scholars must submit [Attachment C or D of Executive Order 1083](#).

**Legal Name:** Provide full name as it appears on Social Security Card.

**Net ID:** Provide Net ID - if applicable

**DOB:** Provide Date of Birth.

**SSN:** Required in order to generate an employee ID

**Mailing Address:** Provide mailing address

**Phone Number:** Provide an off campus phone number

**Personal Email:** Provide an off campus email. Please note: Information regarding necessary steps for activation of Net ID will be sent to this address.

**Emergency Contact:** Name of person to be notified in case of emergency

**Emergency Contact Phone Number:** Phone number for emergency contact

**Department Name:** Campus department name

**Department ID:** Five-digit PeopleSoft department ID

**Manager/Supervisor Name:** Campus manager or supervisor

## Campus Affiliation Request Instructional Guide

**Manager/Supervisor Contact Number:** Campus contact number

**Effective Date:** Begin date of assignment.

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

**End Date:** Expected end date of assignment. ***Please note: An end date is required.***

**Assignment and Summary of Duties:** To be completed by department, please provide high-level summary of duties.

### Questionnaire:

- **Will affiliate have direct contact with minors?** If yes, live scan is required.
- **Need to drive a vehicle on university business?** If yes, mandatory driver's training is required. Additional information regarding Defensive Driving can be found [here](#).
- **Need to travel on university business?** Information regarding the university's travel policy can be found [here](#).
- **Background check is required if working in a sensitive position/department. Background check required?**  
All sensitive appointments may be subject to a background or criminal records check. Additional information regarding CSU Sensitive Positions can be found [here](#). Please contact your HR manager for additional information.
- **Is a professional license or certificate required?** If yes, please attach a copy of the license or certificate.
- **Are you receiving academic credit for volunteering?** For jobs or internships that relate to educational objectives/majors, students can earn 1-4 units/quarter by enrolling in the [Cooperative Education](#) course (co-op). Scheduled work hours must exceed 10 or more hours per week. Students can download required forms and learn more on the [AACES web site](#).
- **Are you a current University student, staff or faculty employee?** If yes, please make certain you've provided a Net ID and identified *existing* affiliations.
- **Will you be requesting access to one or more campus systems or applications?** e.g. PeopleSoft, OnBase  
If yes, training and initiation of a new access request is required. The sponsoring MPP must work with their [ITS Solutions Partner](#) for assistance with facilitating an access request

### Compliance Training Requirements:

Before access to university systems can be granted the campus affiliate must complete some or all of the following security training courses, depending on what access is requested. All training is conducted online, please click to [request training](#) via the service desk.

1. **Data Security and FERPA**- this training is required for anyone to access university systems, including applications that contain information about our students.
2. **Health Insurance Portability and Accountability Act (HIPAA)** - this training is required for access to university maintained medical data.

Campus Affiliates appointed to a sensitive position/department will be assigned the following Safety Orientation and Sexual Misconduct training courses:

1. **Emergency Evacuation Response and Preparedness** – email [ayesha.lee@csueastbay.edu](mailto:ayesha.lee@csueastbay.edu)
2. **CSU's Sexual Misconduct Prevention** – email [ayesha.lee@csueastbay.edu](mailto:ayesha.lee@csueastbay.edu)
3. **Injury and Illness Prevention Program (IIPP)** - email [ayesha.lee@csueastbay.edu](mailto:ayesha.lee@csueastbay.edu)
4. **Recognize and Prevent Workplace Violence** – email [ayesha.lee@csueastbay.edu](mailto:ayesha.lee@csueastbay.edu)
5. **Sexual Harassment Prevention for Non-Supervisors** email [ayesha.lee@csueastbay.edu](mailto:ayesha.lee@csueastbay.edu)

Campus Affiliates operating any vehicle (cart's included) on university business must complete the on-line [defensive driving](#) course.

1. **Defensive Driving Fundamentals** - email [ayesha.lee@csueastbay.edu](mailto:ayesha.lee@csueastbay.edu)



## CSUEB Campus Affiliation Request Process Checklist

**Affiliates may not begin work assignment until Steps 1-3 of this process have been completed.**

- \_\_\_\_\_ Step 1 **Department** must complete and **hand deliver** the appropriate Campus Affiliation Request form to Human Resources or Academic Affairs. **Sensitive** assignments should be submitted for review and approval at least 2 weeks prior to the assignment date.
- \_\_\_\_\_ Step 2 **Department** will ensure those deemed as “sensitive” hires have completed the Accurate Background Check and/or LiveScan process. Information regarding the LiveScan process can be found at: [CSUEB LiveScan](#)  
Live Scan Cleared: Y/ N Date: \_\_\_\_\_ Background Cleared: Y/N Date: \_\_\_\_\_
- \_\_\_\_\_ Step 3 **\*Affiliate:** A signed copy of **Attachment C or D of Executive Order 1083** **must** accompany the Campus Affiliation Requests for all Non-student ***Volunteers, Faculty Volunteers and Visiting Scholars***
- \_\_\_\_\_ Step 4 **HR:** Approved appointments will be entered into PeopleSoft for provisioning/reactivation of campus Net ID and Gmail account.
- \_\_\_\_\_ Step 5 **Affiliate:** An email notification will be sent to your **Personal** email account from our Data Center Operations with instructions on how to activate your Net ID and Gmail account. \*Upon receipt and activation of Net ID, access to Gmail account should be granted within 24 hours.
- \_\_\_\_\_ Step 6 **Affiliate** should log into Gmail account and review any communication sent.
- \_\_\_\_\_ Step 7 **Department** to email appropriate training SumTotal Administrator with a list of applicable training course (if any) affiliate should be assigned. Please refer to Campus Affiliations Instructional Guide for details.
- \_\_\_\_\_ Step 8 **Affiliate must** complete any assigned eLearning courses.
- \_\_\_\_\_ Step 9 **Department:** Should the affiliate require provisioned system access to one or more campus systems, reports or applications, please contact your **ITS Solution Partner**.



## CAMPUS AFFILIATION REQUEST FORM

Faculty Volunteers and Visiting Scholars should be hand delivered to Academic Affairs (SA 4500), all other requests should be hand delivered to Human Resources (SA 2600)

Please Select Affiliation:

Legal Name: \_\_\_\_\_  
Last First Middle

Net ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City and State Zip Code

Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name 10 Digit Phone Number

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Required field

Assignment and Summary of Duties: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Will affiliate have direct contact with minors?  | Yes | No |
| 2. Need to drive a personal or rental vehicle on university business? If yes, need to take on-line defensive driving training.                  | Yes | No |
| 3. Need to travel on university business?   | Yes | No |
| 4. Background check is required if working in a sensitive position/department. Is a background check required?                                  | Yes | No |
| 5. Is a professional license or certificate required to perform these duties?<br><i>If yes, please attach a copy of license or certificate.</i> | Yes | No |

- |   |     |    |
|---|-----|----|
| Are you receiving academic credit for volunteering?   | Yes | No |
| Are you a current University staff, student or faculty employee?<br>If yes, please select affiliation(s): Faculty Staff Student | Yes | No |
| Will you be requesting access to one or more campus systems or applications?  | Yes | No |

This is to acknowledge that I desire to volunteer my services; performing duties 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 direction of my supervisor.

Signature of Campus Affiliate

Date

MPP Approval of CSUEB Department

Date



## COMPENSATED CAMPUS AFFILIATION REQUEST FORM

**THIS FORM MUST BE HAND DELIVERED TO HR - SA 2600**

Please Select Affiliation:

Legal Name: \_\_\_\_\_  
Last First Middle

Net ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City and State Zip Code

Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name 10 Digit Phone Number

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*Required field*

Assignment and Summary of Duties: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Will affiliate have direct contact with minors?  | Yes | No |
| 2. Need to drive a personal or rental vehicle on university business? If yes, need to take on-line defensive driving training.                  | Yes | No |
| 3. Need to travel on university business?   | Yes | No |
| 4. Background check is required if working in a sensitive position/department. Is a background check required?                                  | Yes | No |
| 5. Is a professional license or certificate required to perform these duties?<br><i>If yes, please attach a copy of license or certificate.</i> | Yes | No |

Are you receiving academic credit for volunteering?	Yes	No
Are you a current University staff, student or faculty employee? If yes, please select affiliation(s): Faculty Staff Student	Yes	No
Will you be requesting access to one or more campus systems or applications?	Yes	No

This is to acknowledge the compensation for the duties listed above will be distributed by my institution of hire; Services rendered by me will be at the direction of the above named supervisor.

Signature of Campus Affiliate

Date

MPP Approval of CSUEB Department

Date