

Affiliate ID:

- New** (Add new Affiliate to eUMB)
- Change** (Update Existing Affiliate's Information)
- Inactive** (Inactivate Affiliate in eUMB)

UMB Affiliate (Please type or print)

Effective Date

Affiliate's Information

First Name	Middle Initial	Last Name	
Affiliated Department	Functional Title	Degree (select from list)	
Department Location (select from list)	Room	Work Phone	Fax Number
Work Email Address	Mail Stop	Date of Birth	

To be completed by the Affiliate's Sponsor.

If the purpose of this request is to add an affiliate to the Campus Phone Directory, bypass this section.

<input type="checkbox"/> Primary Payroll Contact	<input type="checkbox"/> Procard Holder
<input type="checkbox"/> EHS	<input type="checkbox"/> Principal Invest/Pending Appt
	<input type="checkbox"/> Principal Invest/Non Employee
	<input type="checkbox"/> Co-Principal Investigator

Affiliate's Personal Contact Information

Home Address 1		
Home Address 2		
City	State	
Country	Home Phone	Zip

- Publish Home Address
- Publish Home Phone

Sponsor's Information (Sponsor must be a UMB employee)

Sponsor's Signature	Date	Work Phone	Work Fax
Print Name	Email Address		
Title	Department	EmplID (if known)	

Received by: _____ **Processed by:** _____ **Date:** _____ **Ticket #** _____