

# Person of Interest Form (POI)

The University of Texas at San Antonio

EMPLID

**This form must be hand delivered or sent by campus mail to Human Resources. DO NOT EMAIL**

Service Type:  NEW  RENEWAL

Does this record require UTSA Resources/Accesses:  YES  NO

Date

## EMPLOYEE INFORMATION

Last Name  First Name  MI  Gender M/F  SSN (xxx-xx-xxxx)

Home Address - Include Address, City, State and Zip Code  Contact Phone

Date of Birth (mm/dd/yyyy) (CBC Purpose)  Emergency Contact Name  Relationship  Contact Phone

Are you a visiting Scholar or Researcher? (select one)  Yes  No Country of Origin  Home Institution (if applicable)  Email Address

## ACKNOWLEDGEMENT OF SERVICE WITHOUT SALARY

I attest that I am providing services to The University of Texas at San Antonio (UTSA) for the purposes stated below. I understand that I am not an employee of UTSA, I will receive no compensation from UTSA for my services, and that I am not eligible for benefits, including Worker's Compensation Insurance, through UTSA. I understand that if I am an International Visiting Researcher I must have appropriate documentation from the office of International Programs verifying my status.

X  
Signature  Print Name  Date:   
If You Are Under 18 - Parent / Guardian Signature Is Required  Employee Date of Birth (mm/dd/yyyy)  /  /

X  
Parent/Guardian Signature  Print Name  Date:

## DEPARTMENT INFORMATION - To be completed by department

Existing Position Title (if applicable)  Existing Position Number   
Department Name / DEPT ID  Room / Location   
Department Contact Name  Department Contact Phone   
Supervisor/Dean   
Position reports to (Name)  Reports To - Position #  Mail Code

### New Position choose POI type:

- EMPLOYEE OF GOVT AGENCY
- INDEPENDENT CONTRACTOR  
(see contractor guidelines <http://www.utsa.edu/hr/CBC/Contractor.html>)
- STUDENT VOLUNTEER
- NON-RESEARCH VOLUNTEER
- \* VISITING SCHOLAR/RESEARCHER
- \* RESEARCH VOLUNTEER

Select Type (if applicable)  Postdoctoral Fellowship  Competitive Graduate Student Fellowship  
Will the Employee be working in a Lab Environment? (Other than Computer Lab)  Yes  No

\* If Visiting Scholar/Researcher and/or Research Volunteer follow the guidelines outlined at <http://research.utsa.edu/research-funding/regulatory-requirements/visiting-scholars-visiting-researchers/> and submit POI form (Page 1 and 2) to the Office of Research Integrity. Page 2 of the POI form applies to all U.S. visiting Scholars and Researchers; and all Non-U.S. visiting Scholars and Researchers without a UTSA Visa Sponsorship. Please contact ORI at 458-4233 for more advice. **Must follow process on page 2.**

Is this a Postdoctoral Fellowship or a Competitive Graduate Student Fellowship that is valued at a total of \$10,000 or more annually? If yes, an [Affiliated Postdoctoral Fellow/Graduate Student Sponsoring Faculty form](#) will need to be filled out.

If the Visitor is a Non-U.S. citizen and/or non-legal permanent resident, please contact the Office of International Programs at 458-7266 or 458-8510 for more advice.

**A Criminal Background Check (CBC) is REQUIRED for Service Without Salary**

CBC Date Submitted:

Type of service performed (primary duties)

Dates of Service (mm/dd/yyyy) From:  To:

Estimated Work Hours per Week

Do any of the duties or service involve research?  Yes  No

## APPROVAL - HR requires only one level of approval - additional signatures at discretion of department

X  
Supervisor / Department Chair  Print Name  Date

X  
Next Level Approver  Print Name  Date

X  
\* AVP, Office of Research Integrity  Print Name  Date

## HR Use Only

Job Title  New Position ID  Comp Approval  Entered in PeopleSoft

**PRIVACY NOTICE:** Disclosure of the last 4 digits of your social security number (SSN) is requested from you in order for The University of Texas at San Antonio to correctly identify you in our records. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide the last 4 digits of your SSN, however, may result in difficulty in correctly identifying you in our records. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

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**\*Please refer to the visiting Scholar Guidelines at <http://research.utsa.edu/research-funding/regulatory-requirements/visiting-scholars-visiting-researchers/> for additional information. This section applies to all U.S. visiting Scholar/Researcher and all Non-U.S. Visiting Scholar/Researcher without a UTSA Visa Sponsorship (J1/F1). Please submit POI Form Page 1 and 2 to the Office of Research Integrity. Please contact the Office of Research Integrity at 458-4233 for assistance.**

## HOME EMPLOYER(S) / INSTITUTION(S) - To be completed by department (in collaboration with the Visitor)

List the visitor's current institution or employer or, if he or she is not currently employed, list his or her most recent prior employer and (if applicable) the employer obligated to hire him or her upon his or her return. Please also submit a current CV with his or her educational and employment history.

Employer's Name

Employment Dates

Employer's Address

Supervisor's Name

Supervisor's Phone Number

Yes  No

**Will any special equipment or items (e.g. chemicals, lasers, laboratory animals, biological agents, human subjects) be needed for the research/scholarship?**

If yes, explain in greater detail below and note if Host does not control the special equipment or items:

\*Note: use of such equipment or items is not guaranteed and may require additional training and/or approvals.

Yes  No

**Will Visitor bring any intellectual property or any proprietary or confidential information/data for use in the research/scholarship?**

If yes, describe the intellectual property or the information/data and who or what entity owns or controls it.

**List any expected outcome(s) of the visit (technique learned, publication, final report, etc.):**

## HOME SPONSORS - To be completed by department (in collaboration with the Visitor)

Fill in the columns with information relating to all institutions of higher education, governmental entities or private entities that are funding expenses relating to his or her visit or to his or her research/scholarship:

Sponsor's Name (Address (City, State, Country))	Describe support (Amount, Purpose)	Nature of Sponsor (i.e. university, governmental, NGO, private, etc.)

## SPONSORED PROGRAMS - To be completed by department

Yes  No

**Will or could information or items subject to U.S. Export Control Laws be shared with proposed Visitor in the course of his/her research/scholarship? Please contact ORI at 458-4233 if any questions.**

If yes, please explain in greater detail:

Yes  No

**Is the research/scholarship related to a Sponsored Program at UTSA or elsewhere?**

If yes, provide Project Title, Name of Sponsor, Name of Principal Investigator, and role visitor has or would have on project:

Yes  No

**Does the research/scholarship include or involve the use of any existing UTSA intellectual property or proprietary or confidential information/data of UTSA?**

If yes, list the intellectual property or proprietary or confidential information/data below and who at UTSA uses/controls it.

Please attach the documents below with this completed form:

Curriculum Vitae (required)

Copy of passport (required for non-US persons)

Other: