

Request for Electronic Person of Interest (ePOI) Form

PERSONAL INFORMATION			
LAST NAME:	FIRST NAME:		MIDDLE NAME:
HOME STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
EMAIL ADDRESS (required):		HOME PHO	NE:
DATE OF BIRTH:	GENDER:		◯ Non-binary
			0. 0010
Please select the Unique Identifier Typ section for SSN Requirements)	e and provide the Unique i	Identifier (See Pa	age 2, ePOI Service
Unique Identifier Type:			
Unique Identifier:			
If you have concerns about providing y sponsor verbally. Any information you only. This information will not be disse	provide on this form will st	rictly be used for	
The Applicant who fills out this ePO the form. Sponsor is responsible for Office for processing. By signing the	or submitting the complet	ed form to their	department Business
Signature of Applicant:		Dat	e Signed:

SPONSOR INFORMATION		
Sponsor Name:		
Sponsor Department:		
Sponsor UHD ID Number:		
Start Date of ePOI Service:		
End Date of ePOI Service:		
Select the ePOI Service that best desc	cribes the Applicant's role with the	University of Houston-Downtown
ePOI SERVICE:		
*Sponsor must be in a Manager or high enters the ePOI service. **Applicant must provide Social Securi	·	lepartment as the Business Office who
Does the applicant require UHD system	m access (server, application, etc.)?
Yes* No		
* If yes, please complete the Vendor A	ccount Request form upon receip	t of the vendor's PeopleSoft ID.
Please see our IT policies concerning Computer Access, Security and Use P Academic Computing Services	•	
Please return this form to the Payro	II Office for processing.	
For questions about this process or for	rm, please contact payroll@uhd.ed	du.
Signature of Sponsor:		Date Signed: