



Affiliate Appointment

The UofSC Affiliate Information Form must accompany this form.

Type of Affiliate Appointment

Supervisor Name

Supervisor USC ID

Full Legal Name

USC ID (if applicable)

Telephone

Address Line 1

Address Line 2

City State Zip

US Citizen

Job Code

Internal Title

Begin Date Expected End Date

Department Location

Background check on file?

Name: Signature: Date:

Supervisor:			
Department Head:			
Other Req. Approval:			

Submit completed form to Human Resources. For employees who report to Academic Affairs, submit completed form to Academic Affairs.

If form is submitted after the effective date listed above, a late memo indicating reason and prevention plan must be attached.