

UCAR NON-FINANCIAL SUPPORT VISITOR

HR use only:

(V3)

I. APPOINTEE DATA

Name: (Last name, First name)	Gender:	M	F
		<input type="checkbox"/>	<input type="checkbox"/>

Dates of Appointment:	Effective Dates		NCAR Strategic Goal Code (See instructions)	Access Card Required?		
	Begin	End		Code: <input type="text"/>	Yes	No
	Visit Dates: _____	_____			<input type="checkbox"/>	<input type="checkbox"/>
Amend Visit Date(s): _____		_____				
Revision dates for other change types: _____						

Is this a Student Visitor?:

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

Home Institution Data (Mandatory): (If unaffiliated, see instructions)

Home Institution Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Country: (If not US) _____

Appointee's Work Location Data (If outside of UCAR/NCAR/UOP facilities):

Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

UCAR Location Data:

Host Name: (Last, First) _____

Host Division(s)/Program(s): Primary Div/Program: _____ Primary Lab: _____ Additional 1: _____ Additional 2: _____

UCAR Location: Building: _____ Room: _____ Extension: _____

Visit Coordinator: _____ Extension: _____

NOTES:

II. APPROVAL SIGNATURES

Approval Signature: _____ Approval Signature: _____

Date: _____ Date: _____

III. DISTRIBUTION

IV. HUMAN RESOURCES USE ONLY

Visit Coordinator prints & distributes copies to:

_____ Human Resources

Human Resources distributes data to:

_____ Today @ UCAR

_____ Mailroom

_____ Reception

_____ Switchboard

PEID #: _____

DivProg: _____

Coding:

HR Initials: _____ Date: _____

HR Data Entry: Initials: _____ **Verified:** Initials: _____

Rev. 11/1/07 Date: _____ Date: _____