



# Human Resources Division

Employee Services Department

Payroll | Payroll Accounting | Benefits | Retirement | Employment | HR Systems

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Location: \_\_\_\_\_

RE: CONSULTANT/CONTRACTOR REGISTRATION FORM

Legal Name: \_\_\_\_\_

SSN/NID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ CSID: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Emergency Contact Person's Name & Number: \_\_\_\_\_

District Site & Department: \_\_\_\_\_

Dates of Assignment: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Summary of duties: \_\_\_\_\_

\_\_\_\_\_  
Approver's Name (Print)

\_\_\_\_\_  
Approver's Signature

\_\_\_\_\_  
Date

|                    |             |
|--------------------|-------------|
| <b>HR Use Only</b> |             |
| Reviewed by: _____ | Date: _____ |