

**KANSAS STATE UNIVERSITY
AFFILIATED PERSON AND EMERITUS FACULTY FORM**

Form used for emeritus faculty and other persons not on the university payroll who maintain an on-campus office and who want to be listed in the KSU Campus Phone Book and in the on-line university directory, K-State People Directory and/or require a University ID card.

*Soc. Sec. No: *Birth Date:

*Used for reporting purposes only and will not be released.

Position No: eID:

Name

Last	<input type="text"/>	First	<input type="text"/>
MI	<input type="text"/>		

Home Address and Phone (Optional)

Street: <input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Home Phone	<input type="text"/>				

Work Address and Phone

Work Address (Up to 15 Characters)	<input type="text"/>
Work Phone	<input type="text"/>

Department Name: <input type="text"/>

Business Title: <input type="text"/>

SIGNATURE

DATE

Submit to Human Resources, 103 Edwards Hall, Manhattan, KS 66506.

Kansas State University
Completing the Affiliated Person and Emeritus Faculty Form (PER 22)

Soc. Sec. No: Social Security Number. To be used for reporting purposes only and will not be released.

Birth Date: Employee's date of birth. Will be used for reporting purposes only. Use MM/DD/YYYY format.

Position No: Enter the 8-digit number in which person is assigned. If none available, leave blank. Human Resources will assign.

eID: (electronic ID) are "electronic Ids" on K-State's central computer systems. For information on the registration process, refer to eID's at K-State.

Name: Enter Last, First and MI of person.

Home Address & Phone (Optional): Enter home address and home phone of person including street, rural route, post office box, city, state, zip code and home phone.

Work Address & Phone: Enter work address and phone of person.

Department Name: Enter the name of the department this person is associated with.

Business Title: Enter business title of person.