

SLCC Partnership Form

This form is for non-employees that need an S# and/or computer access because of the nature of their relationship with SLCC.
Partners usually are employed by another entity but provides service to SLCC.
All fields are required, submit the form to the Human Resources Department with the
OIT Computer Access form, if needed)

Date: _____

Full Legal Name: _____
(as it appears on Social Security Card) First Middle Initial Last Name

Social Security Number: _____ Preferred Name: _____

Home Address: _____
Street Address City State Zip

Phone Number: () _____ Birth Date: _____
mm/dd/yyyy

Sex: Male Female Marital Status: Single Married Other

New Ethnicity:
 Hispanic or Latino Not Hispanic or Latino

Race:
 African American American Indian Asian Caucasian
 Hispanic Pacific Islander Other _____

Emergency Contact:

Name: _____

Address: _____
Street Address City State Zip

Phone Number: () _____ Relationship: _____

The following information to be completed by the Sponsoring College Department

Purpose for request: _____

The department/sponsor accepts responsibility for this partner. Also, by submitting this form the department/sponsor agrees to notify Human Resources when the individual is no longer serving in a partnership capacity.

Sponsoring Department: _____

Department Approver: _____ Date _____

Human Resources Use

S# Generated _____ Entered by: _____ Division Code _____

Your responses contained on this form will remain confidential. Thank you for your assistance.