

## Request for Electronic Person of Interest (ePOI) Form

### PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MIDDLE NAME:

HOME STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS *(required)*:

HOME PHONE :

DATE OF BIRTH:

GENDER:

Male

Non-binary

Female

---

Please select the Unique Identifier Type and provide the Unique Identifier (See Page 2, ePOI Service section for SSN Requirements)

Unique Identifier Type:

Unique Identifier:

If you have concerns about providing your Unique Identifier in writing, you may relay this information to your sponsor verbally. Any information you provide on this form will strictly be used for ePOI processing purposes only. This information will not be disseminated for any other purpose.

---

**The Applicant who fills out this ePOI Request form should send it to the Sponsor to complete the rest of the form. Sponsor is responsible for submitting the completed form to their department Business Office for processing. By signing this form, the applicant agrees that the information above is accurate.**

Signature of Applicant:

Date Signed:

**SPONSOR INFORMATION**

Sponsor Name:

Sponsor Department:

Sponsor UHD ID Number:

**Start Date of ePOI Service:**

End Date of ePOI Service:

Select the ePOI Service that best describes the Applicant's role with the University of Houston-Downtown

ePOI SERVICE:

\*Sponsor must be in a Manager or higher position and within the same department as the Business Office who enters the ePOI service.

\*\*Applicant must provide Social Security Number (SSN) for ePOI service (see Page 1)

---

Does the applicant require UHD system access (server, application, etc.)?

Yes\*     No

\* If yes, please complete the [Vendor Account Request form](#) upon receipt of the vendor's PeopleSoft ID.

---

Please see our IT policies concerning computer use:

[Computer Access, Security and Use Policy](#)

[Academic Computing Services](#)

**Please return this form to the Payroll Office for processing.**

For questions about this process or form, please contact payroll@uhd.edu.

---

Signature of Sponsor:

Date Signed: