

## Non-Colleague ID# Request Form

**THIS FORM MUST BE SUBMITTED BY ATTACHING TO A SERVICE NOW REQUEST**

**All fields of this form must be completed and form processed before additional access can be granted**

Non-Colleague Information	
First Name	
Middle Name	
Last Name	
Address	
City, State, Zip Code	
Phone Number	
Social Security Number	
Position (Job Title)	
Department	
Department Code	
Contract Pay Rate (Optional)	
Contract Start Date	
Termination Date Provide the estimated termination date – Payroll will use this date to terminate non-ee number. If Non-Employee is extended please contact Payroll with an updated termination date. Agency employees may only be added for 90 days unless approved by Meaghan Klump.	
Scheduled Weekly Hours	
Work Shift	
Agency Information	
Company (Agency Non-Colleague Works For)	
Company/Agency Address	
Company/Agency Contact Number	
Has this Agency Non-Colleague been approved by LRT? If not, please contact Meaghan Klump for approval.	

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Supervisor Information	
Supervisor/Requestor/Sponsor Manager to whom the non-colleague will report	
Supervisor Department	
Supervisor Title	
Supervisor Phone Number	
Supervisor's Email Address	
Agreement Information	
Is there a Business Associate Agreement (BAA) on file? If not, please contact Legal.	
Is the BAA current?	
Is there a Service Agreement on file? If not, please contact Legal.	
Is the Service Agreement current?	
Is there an EPIC 3 <sup>rd</sup> Party Agreement?	
Additional Comments	

**Signature of Supervisor/Requestor:** \_\_\_\_\_