

PERSON OF INTEREST (POI)



Form Data							
Form Type	Campus	Department	Fax completed form to 561-3456 or email payroll@maine.edu				
Personal Information							
Prefix	First Name (Legal)	Middle I	Last Name (Legal)	Suffix	MaineStreet ID (if known)		
Prefix	First Name (Preferred)	Middle I	Last Name (Preferred)	Suffix	Date of Birth (mm/dd/yyyy)		
List all Former Legal Names			Have you EVER been a STUDENT or EMPLOYEE at ANY University of Maine System campus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
POI Contact Information			Emergency Contact				
Personal Email Address			Last Name, First Name				
Address Line 1			Address Line 1				
Line 2			Line 2				
City, State, Zip Code			City, State, Zip Code				
Phone #			Phone #				
Campus Address			Relationship to Employee				
University Relationship (Person of Interest Type)							
<input type="checkbox"/>	Alumni	<input type="checkbox"/>	Graduate Advisor	<input type="checkbox"/>	Pre- Hire Faculty	<input type="checkbox"/>	Visiting Faculty
<input type="checkbox"/>	Campus Card	<input type="checkbox"/>	Intern	<input type="checkbox"/>	Pre-Hire Law Faculty	<input type="checkbox"/>	USM MFA Faculty
<input type="checkbox"/>	Consultant	<input type="checkbox"/>	Law Community	<input type="checkbox"/>	PT Law Faculty	<input type="checkbox"/>	Pre-Hire Staff
<input type="checkbox"/>	Contractor	<input type="checkbox"/>	OLLI at USM	<input type="checkbox"/>	Non-Employee Temp	<input type="checkbox"/>	Cross-Campus Affiliation
<input type="checkbox"/>	Other (please explain)					<input type="checkbox"/>	Non-Salaried Faculty
University Contact/Sponsor							
University Staff Completing this Form				Empl ID #		Telephone Number	
University Staff Authorizing Access (if different than above)				Position #		HR Department	
Purpose for University Access						Start Date	End Date
Campus Address						Campus Phone	
Certification							
I certify that all of the information provided on this form is accurate and complete to the best of my knowledge							
University Employee Signature				Date		POI Signature	
University Employee Signature				Date		POI Signature	

General Instructions

For additional information, visit <http://support.hr.maine.edu/human-resources-support/human-resources/hrms-topics>

1. Form Name: Person of Interest (POI)

2. **Revisions:** 04/2018 Added University staff completing form, access information in instructions; 03/2018 Added Preferred Name, Deleted Education

3. **Purpose:** complete and submit this form to generate a MaineStreet username/account for non-employees. Generally, this form is required for pre-hires if access is necessary before hire date.

4. **Required Fields:** Enter all information that needs to be added/updated in MaineStreet. Form fields preceded by | are required fields; missing required information will be considered incomplete and returned to preparer.

5. **Deadlines:** there is no deadline for this form; POI records will be created as soon as possible

6. **Submission Methods:** Send completed forms (including with all required signatures) to HR/Payroll as follows:

- a. **Fax to 561-3456:** This fax number transmits the form directly to ImageNow where payroll will link to the employee and move to appropriate data entry queue. This submission method is the most secure for protecting personal information.
- b. **Email to payroll@maine.edu:** Completed form is sent via email attachment. Per Administrative Practice Letter – Employee Protection of Data, Social Security Numbers are not advised to be shared via email. If fax is not available and form with SSN is sent via email, Payroll will print the form to ImageNow and then the email will be deleted to safeguard the employee's information.
- c. **Campus Mail:** Send via campus/USPS mail to UMS Payroll, 65 Texas Avenue, Bangor ME 04401. When received, the form will be faxed to ImageNow for processing.

Form Data

7. **Form Type:** This field will help determine duplicate forms. Select from the dropdown as follows:

- a. **Original:** if this is the first rendition of the form sent to Payroll;
- b. **Revised:** if this form includes corrected information compared to the Original form already submitted to Payroll.

8. **Campus:** Select from dropdown the campus initiating the action.

9. **Department:** up to 6-character HR department ID with the first letter representing the campus (A=UMA, F=UMF, K=UMFK, M=UMM, O=UM, P=USM, I=UMPI, S=Univ Svcs).

Employee Information

10. **Prefix, First Name, Middle I, Last Name and Suffix:** Enter employee's legal name

1. **Prefix, First Name, Middle I, Last Name and Suffix:** Enter employee's preferred name **if different than legal name;** (legal name will display in HR and preferred name will be shared with other UMS applications such as Blackboard, etc.)

11. **MaineStreet ID:** Enter employee's 7-digit MaineStreet ID

12. **Former Legal Names:** enter as appropriate so we may search all UMS databases to see if an account already exists.

13. **Have you EVER been a STUDENT or EMPLOYEE at ANY University of Maine System campus?:** select yes or no so we may search to see if account already exists.

14. **Date of Birth:** Enter date of birth

Contact Information

15. **Email Address:** Business Email will be assigned by system. Enter personal email if available.

16. **Address:** Enter home address.

17. Telephone Number: Enter telephone numbers as appropriate for home, cell, office, etc.
18. Campus Address: enter campus address
Emergency Contact Information
19. Address: Enter addresses as appropriate for emergency contact
20. Telephone Number: Enter telephone numbers as appropriate for home, cell, office, etc.
21. Relationship to Employee: Enter the relationship as appropriate (i.e. spouse, son, daughter, father, etc.)
University Relationship - POI Type Select the appropriate relationship to the University; if Other is selected, please provide detailing information. All POI types will: <ul style="list-style-type: none"> • Create or activate UMS account (username, email and Google apps) • Grant access to Blackboard • Grant access to myUMS.maine.edu Other appropriate access will be granted accordingly based on type of POI.
University Contact/Sponsor
22. University Staff Completing Form: enter the name of the UMS staff person completing the form
23. Empl ID: enter the employee ID of the person completing the form
24. Telephone Number: enter the telephone number of the UMS staff person completing the form
25. University Staff Authorizing Access: enter the name of the person requesting the access; this person will be responsible for the POI and <i>username/account will not be created without this information.</i>
26. Position Number: 8-digit position number is unique to the employee's job; found on the Basic Employee Information page (University of Maine System > HRMS > Review HRMS > Basic Employee Information)
27. HR Department: up to 6-character HR department ID with the first letter representing the campus (A=UMA, F=UMF, K=UMFK, M=UMM, O=UM, P=USM, I=UMPI, S=Univ Svcs).
28. Purpose for University Access: describe the reason for the access to a UMS account for the non-employee POI
29. Start Date: Enter the start date access/account is needed
30. End Date: Enter the date access/account is no longer needed
31. Campus Address: Enter campus address of the person responsible for the POI
32. Campus Phone: Enter the telephone number of the person responsible for the POI
Authorized Signatures Signatures required will vary by type of action and campus/departmental needs. Generally, a financial manager signature is required on all forms with changes in salary.
33. University Employee: signature, date and typed/printed name of supervisor of POI
34. POI: signature, date and typed/printed name certifies information is accurate