

# Visiting Scholar, Military Science Cadre, and Other Guest HR Enrollment Form

Original, to be completed by:  
 Section 1 – Requesting department  
 Section 2 - Dept Head, then VP  
 Section 3 - HR – Employment

After HR completes, distribute to:  
 Department Head (email)  
 Departments with Benefits Section 2 (email)  
 HR Files (original)

**Section 1 – To be completed by the requesting department**

Full Legal Name (First - Middle - Last) \_\_\_\_\_ Today's Date \_\_\_\_\_

Local Address (Street) \_\_\_\_\_ First Day of Work \_\_\_\_\_

Local Address (City, State, ZIP) \_\_\_\_\_ Est. Last Work Day \_\_\_\_\_

Permanent Address (Street)-if different \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address (City, Country)-if different \_\_\_\_\_ Gender: Male  Female

\*Social Security or Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_

Visa Type (if applicable) \_\_\_\_\_ Telephone # \_\_\_\_\_

Duties:  Research for MSU  Racer Academy Teacher  
 Research for non-MSU entity  Other \_\_\_\_\_

**NOTES** (See chart below): For Type 2 & 3 - Monthly Paid Visiting Scholars, attach this form to a Personnel Action form. A Form I-9 must be completed in Human Resources on or before the first day of work.

**Section 2 – To be completed by Visiting Scholar or Military Science Cadre's Dept Head, then VP**

Dept Head's Name \_\_\_\_\_ Dept Head's Signature \_\_\_\_\_

Dept Name \_\_\_\_\_ Vice President's Signature \_\_\_\_\_

	Benefit	<input type="checkbox"/> <i>Military Science Cadre</i>	<input type="checkbox"/> <i>Type 1 - Unpaid Visiting Scholar</i>	<input type="checkbox"/> <i>Type 2 - Stipend Paid Visiting Scholar</i>	<input type="checkbox"/> <i>Type 3 - Monthly Paid Visiting Scholar</i>	<input type="checkbox"/> <i>Other guest- Unpaid requiring M#</i>
1	Athletic Ticket Discounts	X				
2	Bookstore Discount	X				
3	Direct Deposit			X	X	
4	Email	X	X	X	X	Requestor- initial in margin if needed
5	ID Card	X	X	X	X	
6	Library Access	X	X	X	X	
7	Parking Permit	X	X	X	X	
8	Social Security			X	X	
9	Workers Comp			X	X	
10	Canvas access					Requestor- initial in margin if needed
11	Winslow Dining Discount		X	X	X	
12	Network Access	X	X	X	X	Requestor- initial in margin if needed
<b>Choose the benefits below that are to be provided (If applicable)</b> <i>*Must list dollar value of benefit</i>						
13	Meal Plan * \$ _____					
14	Room * \$ _____					
15	Wellness Ctr Access Value is \$150/yr					

Taxable Benefit

Taxable Benefit

**Section 3 – To be completed by HR staff**

Input into Banner: Date \_\_\_\_\_ (Change Name type from LEGL to GEST) M# \_\_\_\_\_ By \_\_\_\_\_