Sponsored Staff
Annual Registration Renewal

To be completed by Department Supervisor:

__________________________________________ (Name of Sponsored Staff) will continue to perform the
following duties in the Department of _________________________________________ (Name of Department),

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Today’s Date: ____________ Service End Date or next scheduled Renewal Date: ____________

If Not a US Citizen: I-94 Visa Type _____________________ Expiration Date: _____________________

Who is the source that is providing Compensation? _____________________________________________

Signature Sponsored Staff: ____________________________ Date: ____________

Signature Department Supervisor: ________________________ Date: ____________

For OSSVS Office Use Only:

☐ Annual TB Test Received

☐ Annual Confidentiality Agreement Signed

1/31/2018