

Office for Sponsored Staff
and
Volunteer Services

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***