DCRC Personnel Form
*(PLEASE PRINT LEGIBLY AND FILL IN ALL REQUIRED * SPACES)*

Start Date

* Name (Last, First Middle)	*** MU E-mail**
	* Alt. E-mail
* Lab or PI (Both DCRC Sponsor and external lab if applicable)	*** Work phone**
	* After hours Phone (cell/home – non-campus)

* Position/Title	* Primary office/Lab Rm & Building	* Are you Paid by DCRC?
		☐ **Monthly** ☐ **Hourly** ☐ **No**

| * Planned Duration at DCRC | ☐ **< 30 days**   ☐ **Semester**   ☐ **6mths+** ☐ **1 yr+** | |

| * You will be working with | ☐ **Animals**   ☐   **Radioactive Material**   ☐   **Restricted Chemicals**   ☐   **Restricted Data (DCL3 or 4)** |

Authorization Signature
(can be PI, Sponsor or DCRC designated person for specific lab/sponsor, If Multiple Labs, need Multiple Signatures)

Print Sponsor's Name:	Sponsor's Sig.

By signing this form I validate that all given information is true and I authorize DCRC to publish my name and affiliation to the general public

User's Sig:

(This form does not grant building/room/after hours access. Please see the Building Access Request Form at http://documents.dalton.missouri.edu under Public/Forms/ HR - 10/12/2010 4:07 PM)

☐ **Check if Volunteer or non-MU Faculty/Student/Staff, you MUST have approval & signature of DCRC Director. Explain/Detail on back of form!!!**