

**UNC-CH Request for Temporary/Dummy U.S. Social Security Number to Process Unpaid
Non-Immigrant Aliens in the U.S. or Paid or Unpaid Foreign Nationals Outside the U.S. in EPAWeb**

Requesting Department
Requesting Department #: _____ Department Name: _____
Name of HR Facilitator or Business Manager: _____
Email: _____ Phone #: _____ CB #: _____
Non-immigrant's UNC-CH Supervisor: _____
End date of EPA Appointment: _____

Type of Request (Check One)
<input type="checkbox"/> Dummy SSN for individual who will hold a <u>non-compensated</u> (e.g., zero rate) EPA appointment without pay for duties performed <u>within</u> the U.S. (Completed original form sent to Office of International Student & Scholar Services/OISSS, CB #5240, for issuance of dummy SSN)
<input type="checkbox"/> Dummy SSN for individual who will hold a <u>non-compensated</u> (e.g., zero rate) EPA appointment without pay for duties performed <u>outside</u> the U.S. (Completed original form sent to Payroll Services, CB #1260, for issuance of dummy SSN)
<input type="checkbox"/> Dummy SSN for individual who will hold an EPA appointment and be compensated on either a monthly basis or via lump sum payments for work performed <u>outside</u> the United States or its possessions. Note: A copy of these individual's passport and a signed letter from them stating that they do not have a tax reporting relationship with the U.S. Internal Revenue Service (IRS) must be attached to this request. (Completed original form sent Payroll Services, CB #1260, for issuance of dummy SSN)

Individual to be Assigned Dummy SSN
Full Name as written in passport: _____ (Family/last name) (First/given name) (Middle name)
Date of Birth: _____ Country of Citizenship: _____
If Paid Work, location(s) where work is to be performed: _____
Immigration status if in United States: _____ Immigration status end date: _____

Department Chair/Center Director Approval
I certify the above named individual is to receive an EPA appointment in accordance with University EPA regulations and that the individual will either not receive any compensation by the University or not receive compensation for any work within the United States or its possessions without proper clearance and approval through the Office of International Student & Scholar Services (OISSS).
Approver Name & Title: _____
Signature: _____ Date: _____

Dean's Office or Other Next Administrative Reporting Level Approval
Approver Name and Title: _____
Signature: _____ Date: _____

** FOR OISSS OR PAYROLL SERVICES USE ONLY **
Dummy SSN #: _____ Date Issued: ___/___/___ Initials: _____
* Dummy SSNs from this form do not authorize paid work within US and should NOT be entered in Windstar *