

WORCESTER POLYTECHNIC INSTITUTE

DIVISION OF TALENT & INCLUSION CONTINGENT WORKER FORM

Personal Information

First Name (Legal)	
Last Name (Legal)	
Address	
Phone Number	
E-mail (Non-WPI)	
Gender	
Date of Birth (MM/DD/YY)	
Are you a US citizen?	☐ Yes ☐ No (Proceed to Next Question)
Are you a legal permanent resident?	☐ Yes ☐ No (Proceed to Next Question)
Current Immigration Status Country(ies) of Citizenship	

Contract Information

Contingent Worker Type:	Please note: For Building Access Only requests, email its@wpi.edu ☐ Academic Collaborator ☐ Athletics Collaborator ☐ Internship Collaborator ☐ Volunteer Collaborator ☐ Consultant ☐ Non-Faculty Research (Vice President of Research & Innovation Letter Required) ☐ Chartwells ☐ Trustees
Start Date	
End Date (One-year maximum appointment)	
Contingent Worker Title	
Department (Supervisory Organization)	
WPI Sponsor Name	

Additional Information

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