Arkansas State University
Sponsored Employee Account Request

A copy of a valid ID must be submitted along with this form.

Requesting Department

Department: _____   Department Orgn: _____

Point of Contact (POC): _____   POC Phone: _____

Supervisor: _____   Supervisor Phone: _____

Sponsored Employee Information

First Name: _____   Last Name: _____   Date of Birth: _____

Address: _____   City: _____   State: ____   Zip: ____

Personal Email: _____   Social Security Number: _____
(ASUCQ - If no SSN, use passport number)

Personal Phone: _____   Work Phone: _____   Citizenship: _____

A-State ID (If known): _____   Classification: _____   Degree Credentials (Optional): _____
If Other, enter explanation in Purpose of Account field

Purpose of Account: _____

Enter Access End Date: _____   It is the department's responsibility to terminate the account when access is no longer needed. To terminate a sponsored account prior to this date please email nesponsoredrequest@astate.edu with the full name and A-State ID number.

Provide a copy of a Valid ID along with this form through ShareSpace: www.astate.edu/a/banner-support/training/sharespace
(Valid ID = Drivers License, Passport, CURP Card, Voter Registration Card)

Human Resources will contact the individual for the appropriate personal information to complete the account creation process in Banner HR.

Please allow at least 2 days for processing.

Supervisor Signature _____   HR Signature _____

Sponsored Employee Signature _____

Revised 03/13/2025