OLD DOMINION UNIVERSITY

APPLICATION FOR I.D. CARD
FOR
WAGE EMPLOYEES AND PART TIME FACULTY

Name _____ _____ _____
First Middle Last

Social Security No: _____

Date of Birth: _____

Department: _____

Office Extension: _____

Employment Status: Part Time Faculty _____ Wage Employee _____

I agree to abide by all regulations regarding the use of University I.D. cards. I also agree to return my I.D. card to Human Resources at the termination of my employment.

Signature _____

Date _____

Note: I.D. cards for part time faculty and wage employees are issued for the period of employment stated on the current E-1 Temporary Employment Data Form. It's necessary to return to Human Resources to obtain a new I.D. card when your current I.D. card expires. Dependents of part-time faculty and wage employees are not eligible to receive I.D. cards.

To be completed by Human Resources:

Start Date of E-1 _____

End Date of E-1 _____

Approved _____

Old Dominion University is an equal opportunity, affirmative action institution.