STOCKTON UNIVERSITY

101 Vera King Farris Drive | Galloway NJ 08205-9441
stockton.edu

Human Resources
P: 609.652.4384 • F: 609.626.5573

New Employee ID Card Request Form

EMPLOYEE NAME: _____
(Please print clearly)

IDENTIFICATION NO.: _____
(Z Number)

DEPARTMENT/DIVISION: _____

BADGE TYPE:
- ☐ Associate (Vendors, etc.)
- ☐ Contractor
- ☐ Essential
- ☐ Faculty/Staff/Adjunct/TES

Approved By: _____ Date: _____
(Human Resources or Assistant Dean)

Identification Card Received:

Employee: _____ Date: _____

TO BE COMPLETED BY REGISTRAR'S OFFICE:

Date Card Issued: _____/_____/_____ Initials: _____ REV Code: _____