



Employee Identification Card Request Form

Name (print): _____ Employee ID Number: _____

Department: _____

Position Title: _____

Employment Status: _____ Date of Hire: _____
(FT, PT, seasonal, student worker, temporary etc.) (Leave blank if unknown)

Type of card: Reason for card/replacement

- New
- Lost/Stolen/Damaged
- Department change
- Name change
- Wear and tear

I understand and acknowledge that it is my responsibility to protect the use of my issued employee identification card and ensure that it will only be worn while on the College's premises and if applicable, off the College's premises only when conducting college-related business. I understand and acknowledge that the employee identification card is for my use only and if I lend my employee identification card to anyone or allow anyone the use of my employee identification card, I may be subject to corrective action.

I understand and acknowledge that I will incur and pay a \$10 fee to replace a lost, stolen or damaged employee identification card. A fee will not be assessed for employee identification cards replaced or due to normal wear and tear, department change and name change. Please report lost, stolen, or damaged employee identification cards to Tonisha Via/Director of Labor and Employee Relations at tvia@elgin.edu.

I understand and acknowledge that upon separation (e.g. retirement, suspension, termination, etc.) of employment from Elgin Community College **my employee identification card must be returned to the Human Resource Department.**

Employee Signature: _____

Date: _____

To Be Completed By Student Accounts Only

Replacement Cards: All checks and money orders should be made payable to ECC. Cash, money order, credit cards accepted.

NARD CODE: EIDRP Amount: \$10.00

Receipt # _____ Date _____ SA Staff Initials _____

Bright Choice. Bright Future.