



Central Campus ID Center
 246 Church Street – Rm. 101
 Phone (203) 432-0165
 Fax: (203) 432-8292
 id.center@yale.edu

**Please do not use this form for Med-School
 Summer Employee ID requests.*

SUMMER EMPLOYEE REQUEST FORM – Fee \$6.00

For new students working during the summer who will matriculate in the fall - fee paid by Dept PTAE0 only.

This form must be completed and emailed or faxed to ID Center by Department Business Manager or Lead Administrator only.

DO NOT HAND-DELIVER

NEW

RENEWAL

BUSINESS MANAGER OR LEAD ADMIN WILL BE NOTIFIED BY EMAIL WHEN SUMMER EMPLOYEE MAY COME TO ID CENTER FOR PHOTO-TAKING AND ID CARD PICKUP.

PLEASE NOTE: This form will be held on file for (1) week from request date.

LAST NAME _____ DATE _____

FIRST NAME _____ UPI _____

Date summer employee ID should expire _____ (*expiration date can be no later than 08/31)

Expiration date – please note that this card must have expiration no later than date individual will receive student ID card

PTAE0 # REQUIRED:

Project	Task	Award	XXXXXX	Org #
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PLEASE COMPLETE THE REQUIRED INFORMATION BELOW:

Hiring Department: _____ Org # _____

Print Name of Business Manager/Lead Admin: _____

Business Manager/Lead Admin Direct Tel #: _____

Business Manager/Lead Admin Email Address: _____

Business Manager/Lead Admin Signature: _____ Date: _____

For Internal Use Only: Approved Denied Notified Issued

ID Center Authorization: _____ Date: _____

Has Expired ID Card ID Type: CAS/TEMP Visitor Vendor

Please Note: For building access, please email Yale University Access Control Central Campus at 432.open@yale.edu.