



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

Med School ID Center
 333 Cedar Street – Rm. CE-1
 Phone (203) 785-6736
 Fax: (203) 737-4076
 785.OPEN@yale.edu



SUMMER EMPLOYEE REQUEST FORM

For new students working during the summer who will matriculate in the fall

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 TO PICK UP THEIR ID CARD.

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

LAST NAME _____ DATE _____

FIRST NAME _____ UPI _____

NET ID _____

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

CHARGING INSTRUCTIONS		Task	Award	XXXXXX	Org #
------------------------------	--	------	-------	--------	-------

**\$20.00 Fee - for replacement cards/If lost or not returned

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.