

University of Rhode Island
Application for Employee ID, e-Campus Access, or Parking Pass

NAME: _____ SS#: _____-_____-_____
(Required)

DATE OF BIRTH: _____ (REQUIRED) GENDER: Male Female

HOME ADDRESS: _____

HOME TELEPHONE: _____-_____-_____ CAMPUS PHONE: _____

DEPARTMENT: _____

DEPARTMENT ADDRESS: _____

START DATE: _____ TERMINATION DATE: _____

JOB DUTIES: _____

DEPARTMENT SIGNATURE _____

DATE _____

Do not write below this line: for HR use

- EMPLOYEE ID CARD
- ACTIVATE ID CARD FOR PARKING GATES
- ACCESS TO e-CAMPUS

EMPL ID _____

HUMAN RESOURCES _____

Date _____