



SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

STUDENT CENTER

SIUC Identification Office

Departmental Payment for Faculty/Staff Identification Card Request

Complete this form to obtain a faculty/staff ID. Form must be signed by appropriate Fiscal Officer or Fiscal Officer Delegate prior to an identification card being issued. Grants Accounting must approve for grant budget purposes. New faculty/staff IDs are \$20. Replacement/upgraded faculty/staff IDs are \$30.

Date _____

Employee Information (for more than 5 employees, please complete page 2)

Name (Last, First, MI) _____

Dawgtag # _____

Digital Photo Upload Existing Photo

Departmental Account Information

Department/School _____

Contact Person _____

Contact Phone _____

Budget Purpose _____

Budget Purpose Description _____

Fiscal Officer/Delegate Approval* _____

Grants Accounting Approval (for Grant BPs) _____

**Signature indicates approval of payment via Internal Billing.*

ID Office Use Only

Identification Card Issued _____

New Replacement

Date Picked-Up _____

Employee Signature _____

