RICHARD STOCKTON COLLEGE OF NEW JERSEY
NEW EMPLOYEE IDENTIFICATION CARD REQUEST
Office of Human Resources
101 Vera King Farris Drive, Galloway, NJ 08205-9441
(609) 652-4384

EMPLOYEE NAME: ____________________________________________________________
(Please print clearly)

IDENTIFICATION NO.: ________________________________________________________
(Z Number)

DEPARTMENT/DIVISION: ______________________________________________________

BADGE TYPE: □ ASSOCIATE (VENDORS, etc.)
□ CONTRACTOR
□ ESSENTIAL
□ FACULTY/STAFF/ADJUNCT/TES

Approved By: _______________________________ Date: ____________________________
(Human Resources or Assistant Dean)

IDENTIFICATION CARD RECEIVED:

Employee: _______________________________ Date: ____________________________

____________________________________________________________________________

TO BE COMPLETED BY REGISTRAR’S OFFICE:

Date Card Issued: _____/_____/_____ Initials: ___________ REV Code: ________