Faculty and Staff ID Card Application UVA ID Card Office

For Office Use Only

UVA ID LCC #: ____ Griffin LCC #: ____

Date: _____

Done By: _____

CavAdv Cash Check PTAO

9/2/99 Revised: 04/24/12

Be Prepared to Present a Valid Government Issued Photo ID Please Print Today's Date: ____/____/____

Reason for Application: *(please circle one reason)*

New Employee	**Wage Employee**	**Lost ID Card**	**Worn ID Card**
Current Employee without ID Card	**Visiting Employee**	**Stolen ID Card**	**Reactivate Previous ID Card**
Retired ID Card	**Non-UVA Employee**	**Lost/Stolen Smart Card**	**Change of Name**
Pick Up ID Card Turned In	**Smart Card**	**Damaged ID Card**	
No Charge	**Fee Charged**	**$15 Replacement Fee**	**No Charge ONLY if Current ID Card Returned**
	(Payable by cash, check, Cavalier Advantage or PTAO. NO credit or debit cards.)	**(Payable by cash, check, Cavalier Advantage or PTAO. NO credit or debit cards.)**	

Make Checks Payable To: University of Virginia *(include full address and daytime phone number)*

Have you been issued or will you be applying for any other:

UVA Academic ID Card? **Yes No**

UVA Health System ID Badge? *(**NOT** health insurance, referring to a Hospital ID Badge)* **Yes No**

Name: _____

First Middle Last

UVA ID #: __ __ __ __ - __ __ __ __ __ ***(NOT YOUR SOCIAL SECURITY or ORACLE EMPLOYEE #)***

Date of Birth: ____/____/____ **UVA Computing ID: _____**

Department Name: _____

Employee Status:

___ Full Time UVA Employee (receiving benefits)
___ Part Time UVA Employee (receiving benefits)
___ Part Time UVA Employee (not receiving benefits)
___ Retired UVA Employee
___ Foundation UVA Employee
___ Other

I certify that the information on this form is correct and that my request for a UVA Employee ID card is in accordance with the appropriate circumstances. I recognize that all UVA ID cards are the property of the University of Virginia and are provided to affiliated persons for appropriate identification use. It is valid so long as I continue my affiliation with the University. Upon separation, the card must be returned to the appropriate department.

_____

Employee Signature

Supervisor Name: _____ **Telephone: _____**

Supervisor Signature: _____ *(Benefits counselor signature may be substituted.)*