SUNY UPSTATE MEDICAL UNIVERSITY
REQUEST FOR NON-EMPLOYEE ID CARD / ID NUMBER AUTHORIZATION FORM

In order for a Non-Employee to have access to various SUNY Upstate Medical University information systems, this form ***must*** *be completed and submitted to Payroll Services Department located at Jacobsen Hall Room 100, Telephone (315) 464 – 4840*
PLEASE FOLLOW DIRECTIONS THAT ARE NOTED ON THE BACK OF THIS FORM

1. Type of Request (request types are defined on the back of this form and only one option can be selected per form):

- ☐ Issue SUNY ID Card
- ☐ Issue a Upstate Identification # only
- ☐ Change Non-Employee information – (i.e., non-employee transferred to a different department)
- ☐ Inactivate the Non-Employee *(Complete Separation Clearance Section on the back of this form when selecting this option).*

Active Date (BOB):	Inactive Date (COB):

2. Non-Employee Information (please print):

Last:	First:	M.I.:
Street:		
City:	State:	Zip:
Social Security # (optional):	Date of Birth:	Home / Cell #:
Emergency Contact Name:	Relationship:	Emergency Phone #:

3. SUNY Upstate Medical University Department representing Non-Employee:

SUNY Upstate Dept Name:	Dept #:
Non-Employee's Direct Supervisor:	Supervisor's ID #:

4. Location where Non-employee will perform work:

Building Name:	Room # :	Phone #:

Off Campus Location: (If non-employee will be working off-site)

Name of Secondary Department or Company:

Department location or Company Address:

5. Association with SUNY Upstate:

Company/Organization Employed by or Representing:

Type of Affiliation:

☐ Temporary Agency	☐ Volunteer	☐ Food Service	☐ Public Safety
☐ Traveler - Nursing	☐ Contractor	☐ Child Care Center	☐ CAB Member
☐ Visiting Student	☐ Voluntary Faculty	☐ Office of the President	☐ Emeritus
☐ Department Affiliate	☐ Other:_____		

Patient Contact Medical Title (RN, MD, etc): (In accordance with Hospital Administrations guidelines, please limit requests for ID Badge titles to those Non-employee affiliates that have ***direct*** patient contact).

6. Authorized SUNY Upstate Representative / Manager:

"*I hereby authorize Payroll Services to issue a SUNY ID Card or establish an Upstate Identification # (if noted) for the above person. I also understand that I am responsible to monitor the status of the Non-Employee's association with SUNY Upstate and that I will notify Payroll Services when the Non-Employee is no longer associated with SUNY Upstate.***"**

Authorized Manager Name *(please print):*	**Authorized Manager Signature:**	**Date:**

7. Non-Employee: "I hereby confirm that the above information is correct and understand that I am required to notify SUNY Upstate *when I am no longer associated with SUNY Upstate and/or no longer need access to SUNY Upstate systems asap."*

Non-Employee Name *(please print)*:	**Non-Employee Signature:**	**Date:**

Please submit the original completed form to Payroll Services @ Jacobsen Hall Room 100 Thank you.

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Type of Requests -- when to use this form:

SUNY ID Card – SUNY Upstate Medical University requires all people that are associated with SUNY Upstate and are visiting any one of the SUNY Upstate facilities to wear a SUNY ID card. The SUNY ID card will also include an Upstate Identification number that is necessary in order to obtain access to various SUNY Upstate information systems.

Upstate Identification number only – SUNY Upstate Medical University requires all people that are associated with SUNY Upstate, but do not visit any of the SUNY Upstate facilities, to be assigned an Upstate Identification number in order to obtain access to various SUNY Upstate information systems.

Inactivate the Non-Employee – The SUNY Upstate Medical University Authorized Manager must complete the applicable information on the form and the Separation Section below.

Change Non-Employee Information – If the employee changes departments, the new department should complete this form with the updated information.

Form Completion Directions:

Step 1: SUNY Upstate Management Personnel must ensure that all sections (1-7) are completed on this form.

Step 2: Once all sections are completed, please forward the original to Payroll Services, Jacobsen Hall Room 100.

Step 3a: For those Non-Employees that need a SUNY ID Card: The non-employee will then need to visit with Payroll Services Jacobsen Hall Room 100 on Monday through Friday between 7:00 a.m. and 4:30 p.m. to have their picture taken and be issued a SUNY ID Card.

Please note that all non-employees must present picture identification (i.e., driver's license, passport) in order to obtain a SUNY ID card.

Step 3b: For those Non-Employees that need an Upstate Identification number only: The completed form along with a copy of their photo identification should be sent to Payroll Services for processing. Payroll will notify the individual's supervisor when the Identification Number has been issued.

Payroll Services is responsible for overseeing the proper application of this policy in accordance with SUNY Upstate Medical University policy.

If you have any questions or require assistance while completing this form, please contact Payroll Services at (315) 464-4840 or email to StatePR@Upstate.edu

Non-Employee Separation Clearance Section:

These steps should be followed and this section completed on the date that the non-employee separates or transfers from your area:

1. Collect all of the following applicable items from the separating or transferring non-employee.
2. Document the return of these items by the Supervisor initialing by each item (or n/a if not applicable).
3. Return the items to the appropriate department(s).
4. Have non-employee sign/date the form. If non-employee refuses to sign or is not available to sign, please indicate such in place of non-employee signature.
5. **Fax this completed form to the Payroll Services Department at 464-6337**.

The following items have been returned by the non-employee (*if not applicable, indicate with N/A*)

_____ Upstate ID Badge (To Payroll)

_____ Keys (to Physical Plant)

_____ Procurement Cards (to Purchasing)

_____ Pager and/or Cellular Phone (to Telecommunications)

_____ Uniforms (department retains)

_____ Calling Card (to Telecommunications)

_____ Travel Advance Accounts (to Travel)

_____ All Department owned equipment, manuals, supplies & computer equipment (department retains)

_____ (Non-employee's Name – please print)

_____ (ID#)

_____ (Department)

_____ (Non-employee Signature)

_____ (Date Signed)

_____ (Term Date, if different)

_____ (Supervisor/Manager's Signature)

_____ (Supervisor/Manager's Name – Please print)