



SUNY UPSTATE MEDICAL UNIVERSITY

Section: P

REQUEST FOR SUNY UPSTATE LIMITED USE CARDS

No. FM11

Purpose: To provide a tool for SUNY Upstate Authorized Personnel to request a series of SUNY Limited Use Cards, replace a lost or damaged card series or to inactivate the status of previously issued cards.

1.	Type of Request:		
	<input type="checkbox"/> Issue a new set of SUNY Limited Use Cards <input type="checkbox"/> Replace lost or damaged cards <input type="checkbox"/> Inactivate previously issued cards		
	Active Date (BOB):		Inactive Date (COB):
2.	Number of new cards needed:		Number of replacement cards needed:
3.	ID numbers of cards to replace/inactivate:		
4.	First & Second lines on Card: Description of Card (ie, Parking Pass) [Maximum 20 characters per line]		
5.	Third Line on Card: Affiliated Department (ie, Physical Plant)		
6.	Details on Card's usage:		
	Describe the Purpose & use of Cards:		
	Specific Area/Location Cards will be used:		
	Contact Person within Department:		Dept Phone #:
7.	Authorized SUNY Upstate Representative / Manager:		
	<i>"I hereby request Payroll Services to issue a series of SUNY Upstate Limited Use Cards to my department. I understand that I am responsible to monitor the status of these cards (including the issuance and collection from affiliates) and that I will notify and return these cards to Payroll Services when the cards are no longer needed."</i>		
	Authorized Manager Name (please print):	Authorized Manager Signature :	Date:

FOLLOWING SECTION FOR PAYROLL SERVICES USE ONLY:

Processed by:		Date:	
ID Numbers used/issued:			

CARDS RELEASED TO DEPARTMENT:

Employee's Name:		ID#:	
Signature:		Date:	

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