



FIJI NATIONAL UNIVERSITY

Application Form for Staff Identification Card

Section A: **To be Completed by the Staff Member**

Name: _____ Position: _____

Employment Number:

Department/School: _____ College: _____

Position Status:

Full-Time Part-Time Temporary Student Attaché

Date of Birth: _____ Validity of ID Card: _____

Purpose for requesting an ID card :

New Employee Replacement ID card Extension of Contract

Other reason/s _____

Signature: _____ Date: _____

SECTION B: **Approved by the Manager Peoples Sourcing & Placement**

Comments: _____

Signature: _____ Date: _____

SECTION C: ID Card Processed by the Student Academic Services

Processed: Yes/ No _____ Register Update: Yes / No _____

Signature: _____ Date: _____

SECTION D: **For HR Office Use Only**

No. of ID Cards Issued: _____ Register Update: Yes / No _____ Pay Global Entry; Y/N _____

Signature: _____ Date: _____

SECTION E: **Collection by the Employee**

Signature: _____ Date: _____