

Department Approval for Employee OneCard

Employee must present this signed form and a valid government issued ID to the Bursar's Office in Lassen Hall, Room 1001.

Employee Name: _____ Employee ID#: _____
(First) (Last)

Employee Phone Number: _____ Job Title: _____

Department Name: _____

Permanent Temporary (Start Date: _____ End Date: _____)
**End date required for certain classifications*

New & Replacement OneCard for University Affiliate

New OneCard Replacement OneCard

The classifications below may receive a Sac State OneCard (ID Card) because they are closely affiliated with the University or sponsored by a University department. The cost of the card for these classifications is \$15 and must be paid by the affiliate or the sponsoring department. These affiliates receive the ability to deposit money into their Hornet Bucks Account to make on-campus purchases. No other campus privileges are automatically given to the cardholder unless the unit/department providing the services agrees to extend it to the cardholder (Library, Key Issue, etc.). Please select appropriate classification:

U.S.G.S. Employee Auxiliary (UEI, ASI) Fellows Program R.O.T.C.
 University Volunteer* Intern* CCE Other Affiliate: _____

**End date required for these classifications*

Sponsoring University Department Approval (Department Chair, Director, Manager)

Fee will be paid by: Affiliate or Department _____
Fund Account Department ID Class

Printed Name and Title Signature & Date Contact Phone #

Replacement OneCard for University Employee

(If requesting a new card, please do not complete this form. Instead please provide a copy of your appointment letter to the Bursar's Office in Lassen Hall, Room 1001.)

Employees in the following classifications have been hired through the University Human Resources Department and are eligible to receive a replacement card free of charge.

Please select appropriate classification:

Full-Time Staff Part-Time Staff Full-Time Faculty Part-Time Faculty
 Emeritus Staff/Faculty Adjunct Faculty Other Employee: _____
 90-180 Day Employee* Visiting Scholar* CSUS VISTA Member*

**End date required for these classifications*

University Department Approval (Department Chair, Director, Manager)

Printed Name and Title Signature & Date Contact Phone #