



Request for Temporary I.D. Number

Fax completed form to The Payroll Office at (979) 845-9329

Completed by Hiring Department:

Last Name: _____ First Name: _____ MI: _____

UIN: (if already assigned) _____

Country of Citizenship: _____ Visa Type: (F-1, J-1, H1-B, etc.) _____

Date of Birth: _____ Male Female

Hiring Department ADLOC: _____ Date of Initial Employment: _____

Departmental Contact: _____ Departmental Phone: _____

Departmental Fax: _____

Authorizing Departmental Signature: _____ Date

Completed by Employee:

I, _____, certify that I will apply for a Social Security Number
Employee Printed Name

and will provide that information to my payroll departmental contact within five days of receiving that number.

Employee Signature: _____ Date

Completed by the Payroll Office:

Temporary I.D. # 000-06- _____ UIN #: _____

Date Issued: _____ Issued By: _____