

Text does not wrap. Tab to go to next field.
All fields are required except Middle Name

REQUEST FOR PRIVILEGES
(In accordance with **Executive Memorandum No. C-12**)
Revised June 2007

PLEASE TYPE OR PRINT CLEARLY

Social Security Number: _____

Last Name: _____

First Name: _____ Middle Name: _____

Suffix: _____

Street Address: _____

City/State/Zip _____

For assistance on completing the following information, please see
http://www.onepurdue.purdue.edu/contribute_pdf/enterprise_structure_final_xls.pdf

Org. Unit ID: _____ Employee Group (EG): _____ Personnel Area (PA): _____
(8 digits) (1 alpha) (4 characters)

Personnel Sub Area (PSA): _____ Building Code: _____
(4 characters) (4 letter alpha)

Gender: _____ Female _____ Male DOB: _____
(mm/dd/yyyy)

Check One:

- _____ BT (Board of Trustees)
- _____ EC (Educational Commission for Foreign Veterinary Graduates - ECFVG)
- _____ ER (Emeritus Retiree)
- _____ FE (Future Employee & Visiting Scholars)
- _____ HD (House Directors)
- _____ NE (Non-Employee) – **please explain Purdue business need below**
- _____ NT (New Hire Temp)
- _____ OR (Official Retiree) – **please explain Purdue business need below**
- _____ RL (University Religious Leader)
- _____ VS (Visiting Student) – non-Purdue, non-paid student engaged in research or attending classes as part of an exchange program

Specify Purdue Business Reason for Non-Employee & Official Retiree Need: _____

Date of Request: _____ Employment Date: _____

Requested by (PLEASE PRINT): _____ Phone # _____

Business Office Signature: _____ Phone # _____

Director of Human Resource Services Approval: _____

(Required for OR requests only)

Send completed form to: HRF Zone, FREH
Or fax completed form to: 49-46138