



Business Card
Printing Authorization Request

Name: _____ [] Faculty or AFT (form goes to ER for final signature)

[] CWA, IFPTE, Managers, P/T Non-AFT Graduate Assistants, Coaches, etc. (form goes to HR for final signature)

Unit/Division: _____

Phone: _____ Fax: _____ E-mail: _____

Title: _____

Change of Title: Yes [] No [] (attach sample card if available)

Prior Title: _____

New Title: _____

Effective Date: _____

Comments: _____

Approval:

Unit Head Date

Division Head Date

Employee Relations Date (Faculty, AFT Professional Staff)

Director of Human Resources Date (CWA, IFPTE, Managers, P/T non-AFT (Graduate Assistants, Coaches, etc))

Completion of this form with approval signatures required prior to the printing of new business cards by Publications

Date sent to Publications: _____ (Office of Communications and Public Relations)