



Northern Illinois University

EMPLOYEE ONECARD REPLACEMENT

ONECARD ID SERVICES

(815) 753-9569

ONECARD@NIU.EDU

NIU EMPLOYEE INFORMATION:

EMPLOYEE NAME (LAST, FIRST)

8-DIGIT NIU ID

[\(What's this\)](#)

EMPLOYEE SIGNATURE

DATE

DEPARTMENT AUTHORIZATION:

DEPARTMENT NAME

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BILLING INFORMATION – (ACCOUNT NUMBER – FUND – COST CENTER – CLASS)

SUPERVISOR NAME (LAST, FIRST)

SUPERVISOR SIGNATURE

DATE

I UNDERSTAND:

By signing this form, it is understood that the employee listed above has either damaged or lost his/her OneCard ID, and that the department listed above will be charged the replacement cost. For reference the cost for a Lost ID is \$20.00 while a broken/damaged replace is \$10.00. Before this form is turned in, the department's billing information must also be verified.

FOR OFFICE USE ONLY:

Lost ID

Broken/Damaged ID



Staff Initials: _____

Date: _____