

**The Ohio State University
Ohio Agricultural Research and Development Center
Arrival/Registration Form**



New or Transfer Employees: Check one

- Regular CCS Faculty Visiting Scholar
 Regular A & P Temporary Inter-Department Transfer
 Student Graduate Res Assoc Other

Name _____ Employee ID# _____
 Title _____ Advisor/Supervisor _____
 Department _____ OSU Internet Username _____
 Work Phone _____ Existing Email Address _____
 Room # & Building _____ Estimated Departure Date _____
 Hire Date _____

Keys Requested

Key#	Bldg	Room	Dept Approval	Date	Key#	Bldg	Room	Dept Approval	Date

Hiring Department Approval _____ **Date** _____

Keys Issued by Facilities Service

Key #	Key #	Key #	Key #	Key #	Key #
Date	Date	Date	Date	Date	Date
Issued By	Issued By	Issued By	Issued By	Issued By	Issued By
Rec'd By	Rec'd By	Rec'd By	Rec'd By	Rec'd By	Rec'd By

OARDC Human Resource Approval Signature for ID _____ **Date** _____

OARDC Information Technology Approval Signature for Email _____ **Date** _____

OSU ID – ATI OSU Picture ID issued _____ **Date** _____