

# BUSINESS CARD ORDER FORM

PLEASE COMPLETE IN FULL WITH ALL SIGNATURES | EMAIL TO MARKETINGSUPPORT@SCTECH.EDU

<b>New Employee</b>	<b>BUSINESS CARDS ARE ORDERED FOR FULL-TIME EMPLOYEES ONLY</b>	<b>Exact Re-Order</b>
	<input type="checkbox"/> full-time <input type="checkbox"/> part-time* *If part-time and requesting business cards, VP Initials <input type="checkbox"/>	
	Which location is considered your 'home' location? Select ONE	
	<input type="checkbox"/> Griffin Campus <input type="checkbox"/> Flint River Campus <input type="checkbox"/> Butts Center	
	<input type="checkbox"/> Fayette Center <input type="checkbox"/> Henry Center <input type="checkbox"/> Jasper Center	

Requestor's Signature \_\_\_\_\_

Supervisor Signature (Director/Dean/VP required) \_\_\_\_\_

## ADMINISTRATION/STAFF ONLY

Name \_\_\_\_\_

(as you wish it to appear)

Title \_\_\_\_\_

Department \_\_\_\_\_

Phone (required) \_\_\_\_\_ Fax (optional) \_\_\_\_\_

College Issued Cell (optional) \_\_\_\_\_ (any number listed becomes part of the SCTC public directory)

E-mail (required) \_\_\_\_\_@sctech.edu

## FACULTY ONLY

Name \_\_\_\_\_

(as you wish it to appear)

Check ALL that apply:  Instructor  Program Coordinator  Department Chair  Lab Assistant

Clinical Coordinator  Other (will need VPAA approval) \_\_\_\_\_

Program of Study in which you instruct (required) \_\_\_\_\_

Phone (required) \_\_\_\_\_ Fax (optional) \_\_\_\_\_

College Issued Cell (optional) \_\_\_\_\_ (any number listed becomes part of the SCTC public directory)

E-mail (required) \_\_\_\_\_@sctech.edu