

PHL City ID for City Employees Request Form

Please note: The information you provide in this form will only be used for the purpose of issuing a PHL City ID for a City Employee. All employees obtaining a PHL City ID must show a current PA ID* to their HR Manager to have this form completed.

Applicant Type (check one)

New Applicant	Lost/Stolen \$10 Replacement Fee	Change of Address
----------------------	--	--------------------------

Applicant Information

Full Name: _____ Date of Birth: / /
First M Last Suffix MM/DD/YY

Gender: Male Female Non-Binary Choose not to identify

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Organ and Tissue Donation: Do you wish to donate your organs and tissue for transplant? In order to document your decision to register as an organ donor, please visit: <https://donatelife.org/> (OPTIONAL)

YES NO

Veteran Designation

YES Document: _____ NO

Retiree Designation

YES Document: _____ NO

Free Library of Philadelphia

If you already have a Free Library of Philadelphia Card and would like it to be printed on into your PHL City ID, you must present your Free Library of Philadelphia card during the PHL City ID printing process. If you do not have your card, a new number will be provided, and you can merge the accounts at any Free Library of Philadelphia branch. If you do not have an existing account, a new Free Library of Philadelphia card number will be provided with the PHL City ID.

Free Library of Philadelphia Card Number _____

Disclaimer and Employee Signature

I certify under penalty of perjury that I am a resident of the City of Philadelphia or currently employed by the City of Philadelphia and that all statements set forth on this PHL City ID request form are true and correct to the best of my knowledge and belief.

Employee
Signature: _____ Date: _____

Human Resources Verification

Current PA ID Verified by HR and in System: Yes No

*Employees without a current PA ID must present other proof of identity and address.
Other ID Presented:

Current Passport Other: _____

Philadelphia Residency Waived: Yes No

Employee Information

Department Name	Division or Section #	Employee Payroll Number

Print Name and Title of Human Resources Authority

Signature of Human Resources Authority