


# REQUEST FOR BUSINESS CARDS

	UNIVERSITY of HAWAII <b>KAPI'OLANI</b> COMMUNITY COLLEGE	Name Title
4303 Diamond Head Road Honolulu, HI 96816		
Phone: (808) 734- _____ Fax: (808) 734- _____		
Email: _____@hawaii.edu		
Website: www.kapiolani.hawaii.edu		

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

4303 Diamond Head Road  
Honolulu, Hawai'i 96816

PHONE: (808) \_\_\_\_\_

FAX: (808) \_\_\_\_\_

EMAIL: \_\_\_\_\_

URL: www.kapiolani.hawaii.edu \_\_\_\_\_

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ELIGIBILITY: ~ Must be a Kapi'olani Community College employee  
~ RCUH employees are not eligible  
~ Casual hires, emergency hires, & student help are not eligible

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Chair/Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chancellor, VC, or Dean)

**\*\*\*Please submit the completed form to Human Resources for review\*\*\***

**\*\*\*Once HR verifies, please contact the Business Office for Business Card options\*\*\***

HR Verification: \_\_\_\_\_