



Request for Building Access and Photo ID Card

Photo Access Both Date: _____

Name: _____ (Last) _____ (First) _____ (MI)

Dept./Company: _____ Phone #: _____

Social Security #: ___XXX-XX-_____ Employee Student Worker
 Volunteer Other: _____

Position Title: _____

REQUEST FOR ACCESS TO THE FOLLOWING AREAS:

LOCATION	DAYS	HOURS	LOCATION	DAYS	HOURS
Hospital			Clinical Lab		
WCC/ACC			Bone Marrow		
Allied Health (New)			Peds/Newborn		
Medical School			Spartan		
Administration Bldg.			Surgical Suites		
Feist-Weiller Cancer Center			Special Procedures		
			Pharmacy		
Clinical Trials Bldg.			Emergency Room		
Poison Control			Medical Records		
Psych Crises Unit			Psychiatric IP Unit		

Parking Only

Pink Badge Approval

- Signature Required -

Contractor

-- Expiration Date--

Department Head approves the requested access. Also, approving department will be responsible for reimbursement to University Health for cards issued to Student Workers, Volunteers, Contractors / Vendors and Observer / Participants if the cards are not returned to UPD upon the person's departure.

Hiring Manager Signature

Date

I acknowledge receipt of the above card and agree to pay \$20.00 for each card lost, damaged or not returned to the University Health Human Resources. A \$20.00 fee will be paid before a lost or damaged card is replaced.

I understand this card is University Health property and must be returned to University Health Human Resources upon ending my association with University Health. Any misuse or unauthorized use of this card may subject the card holder to disciplinary action.

Employee Signature Certifying Receipt of Card

Date

Card #

Issuing Official

Date Returned