

ID Badge Request Form

Deaconess Health System, Inc.

Please complete this form and send it to Kim Hall in Human Resources, Deaconess Hospital. The form may also be faxed to 812-450-7484. Questions? Call 812-450-2359.

Employee Name: _____ ID No.: _____

Job Title: _____ Date: _____

Department: _____ Contact Phone No.: _____

Reason for badge request:

_____ Damaged/Broken

_____ New Hire – Never had a badge

_____ Lost badge

_____ Not functioning/Will not work

_____ Name change

Former name: _____ Current name: _____

_____ Title change

Former title: _____ Current title: _____

_____ Department change

Former dept.: _____ Current dept.: _____

_____ Other (please explain): _____

CREDENTIALS:

A maximum of two credentials is permitted. The credentials must be on the approved list, and must be allowed for the position held. Please indicate to the right the credentials *you have and want* on your badge. Supervisor approval is required for a change or addition of credentials.

1. _____

2. _____

Supervisor approval: _____

\$25 fee:

HR pays
(transfers, new hires, damage,
name changes, etc.)

Employee pays
(lost, stolen, new picture)

Date badge completed: _____ Sent to: _____