

ID BADGE / ACCESS REQUEST FORM

Please fill out this form as completely as possible to insure accuracy of your new badge.
Fax to 812-450-7484 or send to Kim Hall, Human Resources.

Employee Name		Date:	
Job Title:		ID Num.:	
Department		Contact Phone Num.:	

REASON FOR NEW BADGE REQUEST (Check correct box.)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Lost Badge (Signature required at bottom of page) | <input type="checkbox"/> Department Change | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Damaged / Does Not Work | <input type="checkbox"/> Title Change | <input type="checkbox"/> Other |

Changing: From _____	To _____
Changing: From _____	To _____

- | | |
|--|---|
| <input type="checkbox"/> This request is for a card for a 2 nd position. (Please list the first 5 digits off the back of the other card you will be <u>keeping</u>)
_____ | <input type="checkbox"/> If you need a new photo check here. Come to HR, Main Campus between 8:00 am – 4:30 pm, M-F, to get a new photo. You may call 812-450-2940 or 812-450-2359 for an appointment if desired. |
|--|---|

CREDENTIALS

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

1st Credential _____ 2nd Credential _____

Supervisor signature/approval _____
for change in credentials: _____

WORK LOCATION (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Deaconess Hospital | <input type="checkbox"/> Deaconess Cross Pointe | <input type="checkbox"/> Primary Care for Seniors |
| <input type="checkbox"/> Deaconess Gateway Hospital | <input type="checkbox"/> Deaconess Clinic (All locations) | <input type="checkbox"/> DUC (Deaconess Urgent Care Ctr.) |
| <input type="checkbox"/> The Heart Hospital | <input type="checkbox"/> Midwest Radiology | <input type="checkbox"/> Other |

BADGE PICK UP – Preferred Location to Pickup New Badge

- Deaconess Hospital Human Resources Deaconess Gateway Hospital Security Office

DEACONESS CLINIC ONLY

Please list an in-house mailing address for your card to be sent. Please be specific. (Examples: Jane Doe, DC Morganfield)

LOST OR STOLEN BADGE PAYROLL DEDUCTION

I hereby authorize a \$25.00 payroll deduction from my paycheck for the replacement of my lost or stolen identification badge.

Signature _____ Date _____

Badge Made

Send this form to Finance on _____

NOTE: This form will be held by Human Resources for 14 days. I you find the lost card and return it to Human Resources within 14 days of signing this form, the \$25 for the lost or stolen card will not be posted to your paycheck.

ADDITIONAL ACCESS – If you need access to additional doors, your manager must complete the ID Badge Access Request Form which is found on D-Web, Online Forms, Human Resources Employment. The form should be completed and sent to Randy Gentry, Security. **FAX (812) 450-2379 Phone: 812-450-3840**