

## BADGE REQUEST FORM

Please fill out this form as completely as possible to insure accuracy of your new badge.

**Email to the Badge Access Office at Badge Access.**

Emp. Name	First	Last	ID Num.:	
Job Title:			Date:	
Department		Department #	Contact Phone Num.:	

\*\*\* Please enter the first 5 digits off the back of your current card if you have it. This is the card number

**REASON FOR NEW BADGE REQUEST (Check correct box.) Print clearly.**

<input type="checkbox"/> Name Change	Old Name	New Name
<input type="checkbox"/> Dept. Change	Old Dept.	New Dept.
<input type="checkbox"/> Title Change	Old Title	New Title
<input type="checkbox"/> Credential Change	<b>See below</b>	
<input type="checkbox"/> Lost Badge <b>(Signature required at bottom of page)</b>		
<input type="checkbox"/> Card is Damaged / Does Not Work		
<input type="checkbox"/> This request is for a card for a 2 <sup>nd</sup> position. (Please list the first 5 digits off the back of the other card you will be <u>keeping</u> ) _____		If you need a new photo, bring this completed form to Main Campus Badge Office between 8:00 am – 4:30 pm, M, W and Fri 10 -2, to get a new photo. You may call 450 -2053 for an appointment if desired.

**CREDENTIALS**

**A MAXIMUM OF TWO CREDENTIALS IS PERMITTED.** The credentials must be on the approved list, and must be allowed for the position in question. Please indicate the credentials you want on your new badge. Supervisor approval is required for a change or addition of credentials.

1<sup>st</sup> Credential \_\_\_\_\_ 2<sup>nd</sup> Credential \_\_\_\_\_

Supervisor signature/approval for change in credentials: \_\_\_\_\_

**WORK LOCATION** (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Main Campus                | <input type="checkbox"/> Deaconess Cross Pointe          | <input type="checkbox"/> Primary Care for Seniors    |
| <input type="checkbox"/> Gateway Campus             | <input type="checkbox"/> Deaconess Clinic (Any location) | <input type="checkbox"/> DUC (Deaconess Urgent Care) |
| <input type="checkbox"/> Patient Financial Services | <input type="checkbox"/> Midwest Radiology               | <input type="checkbox"/>                             |

**BADGE PICK UP**

- Deaconess Hospital** Security Office  
 Deaconess Gateway Hospital Security Office

If you do not work at the Main Campus or the Gateway Hospital Campus, then your card will be sent to you via house mail. Please be very specific as to where to send your new badge. Otherwise, you will not receive it. If there is more than one clinic in your town then please be specific as to which location you want the badge sent to.

Examples: Jane Doe, DC DT, Dermatology **OR** Patient Financial Services **OR** DC Henderson - 1413 Elm St., Suite 106

**Where to send other than the Main Campus or Gateway Campus** \_\_\_\_\_

**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 :

Sent on:

**NOTE: This form will be held by the Badge Office for 14 days. I you find the lost card and return it to the Badge Office 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 Additional Access Form which is found on D-Web, Online Forms, Human Resources Employment. The form should be completed and sent to Ray Hitchcox, Security.  
**FAX (812) 450-2379 Phone: 812-450-2190 E-mail: raymond.hitchcox@deaconess.com**