

**UWHC ID Badge Non-Employee New or Replacement Form Revised 1/1/2010**

**Department Coordinator must complete top half of form.**

**The photo identification (ID) office is located at F8/183.**

In accordance with UWHC Policy 9.16 – Employee Dress and Appearance, and Policy 1.30 – Photo Identification Badge and Security Access Systems, all UWHC non-employees are required to clearly display their photo ID badge at all times while at work; it should be visible and displayed at a chest high level.

Non-employees will be charged for an original or replacement photo ID badge at a cost of \$12.00. This can be done by the department completing an "Internal Requisition" form, or by completing the direct bill information below. It can also be paid by the badge recipient with a cash/check (payable to UWHC). Cash/checks will be taken to Cafeteria for deposit. A receipt of this payment is required before a badge will be issued.

Original ID Badge:

Replacement ID Badge:

Medical School Employee       UW Faculty

UW Medical Foundation

Other Nursing Student

Lost       Damaged       Stolen

Information Change       Badge Access Not Functioning

Other \_\_\_\_\_

**Department Coordinator Approval Required:**

Coordinator Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Dept# (UDDS): \_\_\_\_\_

Internal Req. #: \_\_\_\_\_ **\*\*Please note a full funding string is required. \*\***

**List all Needed Access:**

CSC       AFCH GENERAL

AFCH ELEVATORS

Other If Other List: \_\_\_\_\_

**\*\*Please allow one (1) business day to obtain authorized access. \*\***

**Non-Employee Information**

Department Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_

Today's Date: (mm/dd/yy)

First Name: 

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Last Name: 

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Highest Educational Degree if it **Directly Relates to Your Position:** MD, PhD, BSN, MSN, Other: Student

Highest Clinical Credential if it **Directly Relates to Your Position:** RN, CRT, RRT, RDMS, Other: Nurse

I hereby acknowledge that the above information provided is complete and accurate, and also authorize payment of a \$12.00 fee, to be paid by me or my sponsoring department or school (check payable to UWHC).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Badge Staff Use Only</b>	<b>Barcode Value#</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<b>Issued by (PRINT):</b> _____		<b>Date:</b> _____								
<b>Security Access Template Granted:</b> _____										
<b>Has all information been entered into Security Systems? Y or N</b>										