



Photo ID Badge Transition Request Form

Bring to: Photo I.D and Parking Office, Third Floor Neurosciences Hospital

Please complete form in its entirety and submit to your Department Head/Chairman or Designee. You must show a current picture I.D. to complete this transaction.

Are you a (Please Check one): [] UNC Hospitals Employee [] UNC Employee [] Hedrick Building [] Temporary [] Other (Explain on back) [] Contractors Fee (\$15 CASH)

1. Do you have an existing Hospital Photo ID? [] Yes [] No Do you have an existing Medical School Photo ID? [] Yes [] No CARD NUMBER: _____

2. *PID Number: _ _ _ - _ _ - _ _ _ _

3. *Legal Name: Last _____ First _____ Initial _____

4. *Name to be Printed on ID _____ / _____ (Maximum 31 characters) (Credentials/only one)

5. Title/Position printed on ID (optional) _____ (Maximum 20 Characters)

6. *Department Name printed on ID _____ (Maximum 25 Characters)

7. *Department Number: _____ *Total State Service Date: _____ DOB _____

8. *Drivers License Number: _____ State Issued _____

My access card is BROKEN or LOST: Card #: _____ Please add the buildings checked below: Card# _____

Place a check next to the School of Medicine Building to which you are requesting access:

Table with 3 columns of building names and checkboxes for access requests.

Animal Facility Buildings (Authorization Signature)

Table with 2 columns of animal facility names and checkboxes for authorization.

Special Request: _____

Animal Facilities Authorization Signature/Date: _____

Access Level (s) Given: (Completed by Planning Office): _____

* _____ * _____ * _____ Signature of Department Head, Chairman or Designee Date Phone Number

- * I UNDERSTAND THE FOLLOWING:
• A \$15.00 replacement fee will be charged for any lost badge while employed.
• A \$50.00 deduction from your final paycheck will be made if Photo ID is not included in Termination Packet. Hospital Employees Only

* _____ * _____ Employee Signature Date