



## Badge Request Form

Please fill out this form in its entirety and bring it to Human Resources. You will also need to bring a valid form of photo identification in order to receive your badge.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ SSN(last 4 digits): \_\_\_\_\_

ECMC Department: \_\_\_\_\_ ECMC Contact: \_\_\_\_\_

Company or School: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ Expected End Date: \_\_\_\_\_

Expected Hours of Work: \_\_\_\_\_

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

**NO ONE IS ALLOWED IN PATIENT CARE AREAS WITHOUT A VALID ECMCC IDENTIFICATION BADGE**



## Department Contact/ Approver Attestation

I certify that I am the appropriate ECMC designee to request and approve Badge access for the above referenced individual. I also acknowledge that I am the responsible party for this individual while they are on ECMC premises.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sign Name: \_\_\_\_\_

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