

EMPLOYEE SECURITY ID APPLICATION



PICTURE ID IS REQUIRED OF ALL APPLICANTS.

Date: _____ Badge #: _____
 New Correction Change Lost Stolen Damaged MRI Defective Replacement

EMPLOYEE SECTION: *Employee to complete all areas within this box*

Last Name: _____ Please note: M.D. R.N. First Name: _____ MI: _____
 Social Security No: _____ Date of Birth: _____ MM/DD/YY
 Home Address: _____ Street City State Zip
 Home Phone: _____ Work Phone: _____

According to the ***Annotated Code of Maryland – Health – General § 19-308.4, Security ID badges are to be worn conspicuously displayed at all times, in the upper chest area, by employees and other personnel granted access, while in the Medical System Buildings.*** Be advised that unauthorized use of UMMC Security ID Badges may result in disciplinary action or revocation of the Badge. The Security ID Badge may not be loaned, transferred, or used by other than the individual who is pictured and named on the badge. Security ID Badges are the property of UMMC and must be surrendered to UMMC upon termination, end of contract, or when requested by UMMC Management. Personnel are responsible for lost, stolen, or damaged badges. ***The replacement cost is \$15.*** Divisions of UMMS, UMC, and internal publications use the ID picture for recognition purposes, we supply only the picture and the name.

I have read, understand, and agree with this statement _____
Signature Required

AUTHORIZATION SECTION: *This section to be completed by the authorizing agent.*

BADGE TYPE: (Please select only ONE):

<input type="checkbox"/> UMMC	<input type="checkbox"/> UPI	<input type="checkbox"/> VENDOR*	<input type="checkbox"/> STUDENT*
<input type="checkbox"/> UMMC	<input type="checkbox"/> CLINICAL SERVICE*	<input type="checkbox"/> CONSTRUCTION*	<input type="checkbox"/> MEDICAL-OBSERVER*
<input type="checkbox"/> UMB	<input type="checkbox"/> SUPPORT SERVICE*	<input type="checkbox"/> CONSULTANT*	
<input type="checkbox"/> OTHER _____		*Name of Company: _____	

Start Date: _____ End Date: _____
 Title: _____ Department: _____
 Authorized Access (areas to which this employee will need access): _____

By signing below, I attest I have verified this applicant's personal identification as well as their professional credentials and vouch for their credibility as a representative of UMMC/UMB/UPI/STAPA.

Authorized Signature: _____ Authorizer's email: _____
 Printed Name: _____ Authorizer's phone: _____

The Security Service Center is located in the basement of the North Hospital Building (NBE47)
Hours of Operation: Monday – Friday 7:00 am – 8:00 pm
Phone: (410) 328-1329 Email: Badge_Office@umm.edu
IMPORTANT: Report lost, stolen, or missing badges immediately.