

BADGE#	
DVDQL	

UMMS/UMMC MIDTOWN EMPLOYEE SECURITY ID APPLICATION

DICTURE TO IS REQUIRED OF ALL APPLICANTS

Badge Type: New Change Replacement EMPLOYEE SECTION: Employee to complete all areas w			
Last Name: Given Name:			
Credentials:	Social Security No:		
Home Address:	City State Zip		
Contact #:	Date of Birth:		
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 Midtown and must be surrendered to UMMC Midtown upon termination, end of contract, or when requested by UMMC Midtown Management. Personnel are responsible for lost, stolen, or damaged badges. The replacement cost is \$25. 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.			
AUTHORIZATION SECTION: This section to be complete	ed by the authorizing agent.		
BADGE TYPE: (Please select ONE in each row):	ed by the authorizing agent.		
BADGE TYPE: (Please select ONE in each row): CORPORATE/UMMS EMPLOYEE	UMMC MTC EMPLOYEE STUDENT SUPPORT SERVICE OTHER		
BADGE TYPE: (Please select ONE in each row): CORPORATE/UMMS EMPLOYEE	UMMC MTC EMPLOYEE		
BADGE TYPE: (Please select ONE in each row): CORPORATE/UMMS EMPLOYEE EXECUTIVE CLINICAL SERVICE	UMMC MTC EMPLOYEE		
BADGE TYPE: (Please select ONE in each row): CORPORATE/UMMS EMPLOYEE EXECUTIVE CLINICAL SERVICE Start Date: End Date:	UMMC MTC EMPLOYEE		
BADGE TYPE: (Please select ONE in each row): CORPORATE/UMMS EMPLOYEE EXECUTIVE CLINICAL SERVICE Start Date: Employee's Title:	UMMC MTC EMPLOYEE STUDENT SUPPORT SERVICE OTHER Employee #: Department: Cost Center #:		
BADGE TYPE: (Please select ONE in each row): CORPORATE/UMMS EMPLOYEE EXECUTIVE CLINICAL SERVICE Start Date: Employee's Title: Manager:	UMMC MTC EMPLOYEE STUDENT SUPPORT SERVICE OTHER Employee #: Department: Cost Center #: Ess: Sepersonal identification as well as their		
BADGE TYPE: (Please select ONE in each row): CORPORATE/UMMS EMPLOYEE EXECUTIVE CLINICAL SERVICE Start Date: Employee's Title: Manager: Authorized Access (areas to which this employee will need access.) By signing below. I attest I have verified this applicant.	UMMC MTC EMPLOYEE STUDENT SUPPORT SERVICE OTHER Employee #: Cost Center #: Ess: Sepersonal identification as well as their as a representative of UMMC Midtown.		

Hours of Operation: Monday – Friday 8:30am – 9:30am and 2:00pm – 3:00 pm Phone: (410) 225-8049 Email: Badge_Office@umm.edu

IMPORTANT: Report lost, stolen, or missing badges immediately.