

## EMPLOYEE SECURITY ID APPLICATION

**PICTURE ID IS REQUIRED OF ALL APPLICANTS.**

Date: \_\_\_\_\_ Badge #: \_\_\_\_\_  
 New     Correction     Change     Lost     Stolen     Damaged     MRI     Defective

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Please note: M.D. R.N.  
 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"/> VOLUNTEER         | <input type="checkbox"/> VENDOR*       | <input type="checkbox"/> STUDENT*          |
| <input type="checkbox"/> UMB  | <input type="checkbox"/> CLINICAL SERVICE* | <input type="checkbox"/> CONSTRUCTION* | <input type="checkbox"/> MEDICAL-OBSERVER* |
| <input type="checkbox"/> UPI  | <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): \_\_\_\_\_  
 \_\_\_\_\_

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.**