

Froedtert Hospital

REQUEST FOR ID BADGE

APPLYING FOR: ID / ACCESS CARD ID CARD ONLY ACCESS CHANGE

PRINT ALL INFORMATION

Cell # _____

Name: _____ PH/Ext _____

Dept. / Unit: _____ Start Date: _____

Title: _____ Employee #: _____

Employed By: FROEDTERT MCW VOLUNTEER

STUDENT OTHER _____

Status: SFT SPT OPT TEMP FLOAT

Shift: FIRST SECOND THIRD ROT

Vehicle Info- 1) Make: _____ 2) Make: _____

Model: _____ Model: _____

Plate: _____ Plate: _____

State: _____ State: _____

I understand that I am required to pay a \$5 (non-Refundable) fee before I receive my ID/access card. I further understand that I must return the card to Security in person when no longer working at Froedtert. I also understand that if I lose or damage this card, I am required to replace this card and pay an additional \$20.00 (non-refundable) before a replacement card will be issued. I further understand that parking in areas other than my assigned location may result in the issuance of a parking ticket.

Signature _____ Date _____

FOR OFFICE USE ONLY

Parking assigned to: West Structure West Surface Physician

East Structure East Surface State Fair

Card Number: _____ Payment Amount: _____ Type: _____

Access Group should mirror what staff member _____

Manager Signature _____