

Photo Identification Badge Request for MUHC Non-Hospt employees

Applicable to contractors, agency, consultants, volunteers, and any non-paid staff who require access to computer resources or require a photo ID badge.

***Required field(s)**

PERSONAL INFORMATION

(use full name as it appears on social security card)

*First Name:	* Employee ID:
*Middle Name:	* Birth Date:
*Last Name:	* Social Security Number:
*Maiden Name <i>(if applicable)</i> :	* Home Address:
Preferred Badge Name <i>(if different)</i> :	
	<i>City State Zip</i>
*Gender Male Female	Credentials / Licensures / Education for ID Badge:

New Replacement	Reason for replacement:	Lost/Stolen Name Change Credential Change	Damaged/Defective Title Change
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DEPARTMENT USE ONLY

*Need EMAR / Glucometer Badge?	YES	NO	*Authorizing Manager:
*Department:			
*Jobcode:			<i>Full Name Empl ID</i>
*Working Title for ID Badge:			Deliver Badge to (DC Code):
*MoCode:			
			*Authorizing Department Signature Date

HOSPITAL HR USE ONLY

Badge type:	<i>Black</i>	<i>Gold</i>	Photo Filename/Location _____
Use first initial of Last Name:	<i>YES</i>	<i>NO</i>	i-class# _____
Position #:			Comment:
Jobcode:			
Home HR Department:			
Effective Date: ___ / ___ / _____			
Staff Health Clearance Date: ___ / ___ / _____			

PeopleSoft Information Employee Class: **9 - NON EMPLOYEE** Benefit Status: **Temporary / Non-Benefit Eligible**
 Employee Class: **A - STUDENT** Benefit Status: **Temporary / Non-Benefit Eligible**

*****NON-EMPLOYEES WILL BE AUTO-TERMINATED ANNUALLY OR UPON EXPECTED END DATE
UNLESS RE-APPOINTED BY DEPARTMENT SPONSOR BY EMAILING
UMHC_HRIS@HEALTH.MISSOURI.EDU*****