



Card Number: \_\_\_\_\_

### Photo ID Badge Transition Request Form

Hospital Employees Bring to Photo I.D and Parking Office, Third Floor Neurosciences Hospital

*Please complete form in its entirety and submit to your Department Head/Chairman or Designee. You must show a current picture I.D. to complete this transaction. You will need your Parking Services or UNC One Card to provide PID number.*

Are you a (Please Check one):  UNC Hospitals Employee  UNC Employee  Hedrick Building  
 Temporary  Other (Explain on back) Contractors Fee (\$15 CASH)

1. Do you have an existing Hospital Photo ID?  Yes  No

2. \*PID Number: \_ \_ \_ - \_ \_ - \_ \_ \_

3. \*Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

4. \*Name to be Printed on ID \_\_\_\_\_ / \_\_\_\_\_  
(Maximum 20 characters) (Credentials/only one)

5. Title/Position printed on ID (optional) \_\_\_\_\_  
(Maximum 15 Characters)

6. \*Department Name printed on ID \_\_\_\_\_  
(Maximum 20 Characters)

7. \*Department Number: \_\_\_\_\_ \*Total State Service Date: \_\_\_\_\_ DOB \_\_\_\_\_

8. \*Drivers License Number: \_\_\_\_\_ State Issued \_\_\_\_\_

**My access card is BROKEN or LOST: Card #: \_\_\_\_\_**

**I have an access card already; please add the buildings checked below: Card# \_\_\_\_\_**

**Place a check next to the School of Medicine Building to which you are requesting access:**

Ambulatory Care Center _____	Taylor Hall _____	Mary Ellen Jones _____
Lineberger Cancer Center _____	Bioinformatics _____	Thurston Arthritis Center _____
Neuroscience Hospital (7 <sup>th</sup> Floor) _____	Berryhill Hall _____	Neuroscience Research Bldg. _____
Thurston-Bowles Bldg. _____	MacNider _____	Medical Biomolecular Res. Bldg. _____
Thurston-Bowles (Microscope Room) _____	Building B _____	Burnett-Womack Flr: _____
Brinkhous-Bullitt Morgue Area _____	Brinkhous-Bullitt _____	Bondurant Hall _____
		Physicians Office Building _____

**Animal Facility Buildings (Authorization Signature)**

Thurston-Bowles Animals Area _____	Berryhill Hall Animals _____
Mary Ellen Jones Animal Area _____	Neuroscience Research Bldg. Animals Area _____
Taylor Hall Animal Quarters _____	Medical Biomolecular Research Bldg. Animals Area _____
MacGavern Animal Area _____	

Special Request: \_\_\_\_\_

Animal Facilities Authorization Signature/Date: \_\_\_\_\_

Access Level (s) Given: **(Completed by Planning Office):** \_\_\_\_\_

\* \_\_\_\_\_  
Department Head, Chairman or Designee (Please Print)

\* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_  
Signature of Department Head, Chairman or Designee Date Phone Number

\* I UNDERSTAND THE FOLLOWING:

- A \$15.00 replacement fee will be charged for any lost badge while employed . A \$50.00 deduction from your final paycheck for a Photo ID not included in Termination Packet. No refunds.

\* \_\_\_\_\_  
Employee Signature Date

\*REQUIRED INFORMATION, INCOMPLETE FORMS WILL NOT BE PROCESSED