



PHOTO ID CONTRACTORS TRANSITION REQUEST FORM

PLEASE COMPLETE LINE 1 THROUGH 5 AND SUBMIT TO YOUR MANAGER AND UNC HEALTHCARE CONTACT FOR SIGNATURES

1. NAME _____
2. COMPANY NAME _____
3. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____
4. DRIVER'S LICENSE # AND STATE _____
5. DATE OF BIRTH _____

PLEASE INDICATE THE **TIME FRAME** BELOW THAT IS NEEDED FOR ACCESS INTO THE HOSPITAL AND THE **SECURED LOCATION**.

BEGIN DATE: _____ **END DATE:** _____

Note: A \$15.00 fee is charged for the contractor's vendor Photo ID Badges. At the time your contract is terminated, if photo is returned into the Hospital Transportation and Parking Office, the \$15.00 will be reimbursed.

Arrangements should be made to go by the Cashier's Office and pay \$15.00. Bring receipt and completed Photo Id request form to the Hospital Transportation and Parking Office located on the 3rd floor of the Neuroscience.

Manager signature & Date

Hospital Contact Approval & Date