



Card Number: _____

Photo ID Badge Transition Request Form

**Hospital Employees Bring to Photo I.D and Parking Office, In front of Children's Hospital
University and SOM Employees go to I.D. Office Room 41 Ground Floor Macnider Hall**

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 th 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**