

## UMMS/UMMC EMPLOYEE SECURITY ID APPLICATION

**PICTURE ID IS REQUIRED OF ALL APPLICANTS.**

Date: \_\_\_\_\_

Badge #: \_\_\_\_\_

**Badge Type:**    New    Change    Replacement    Lost    Stolen    Damaged

**EMPLOYEE SECTION: Employee to complete all areas within this box**

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ MI: \_\_\_\_\_

Credentials: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Contact #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YY

According to the **Annotated Code of Maryland – Health – General § 19-308.4**, **Security ID badges are to be worn conspicuously displayed at all times, in the upper chest area, by employees and other personnel granted access, while in the Medical System Buildings.** Be advised that unauthorized use of UMMC Security ID Badges may result in disciplinary action or revocation of the Badge. The Security ID Badge may not be loaned, transferred, or used by other than the individual who is pictured and named on the badge. Security ID Badges are the property of UMMC and must be surrendered to UMMC upon termination, end of contract, or when requested by UMMC Management. Personnel are responsible for lost, stolen, or damaged badges. **The replacement cost is \$25.** Divisions of UMMS, UMC, and internal publications use the ID picture for recognition purposes, we supply only the picture and the name.

**I have read, understand, and agree with this statement** \_\_\_\_\_  
Signature Required

**AUTHORIZATION SECTION: This section to be completed by the authorizing agent.**

**BADGE TYPE: (Please select ONE in each row):**

- |  |   |
|--|---|
| <input type="checkbox"/> CORPORATE/UMMS EMPLOYEE                             | <input type="checkbox"/> UMMC EMPLOYEE  |
| <input type="checkbox"/> EXECUTIVE <input type="checkbox"/> CLINICAL SERVICE | <input type="checkbox"/> SUPPORT SERVICE <input type="checkbox"/> OTHER _____ |

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Employee #: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Manager: \_\_\_\_\_ Cost Center #: \_\_\_\_\_

Authorized Access (areas to which this employee will need access): \_\_\_\_\_

***By signing below, I attest I have verified this applicant's personal identification as well as their professional credentials and vouch for their credibility as a representative of UMMC/UMB/UPI/STAPA.***

Authorized Signature: \_\_\_\_\_ Authorizer's email: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Authorizer's phone: \_\_\_\_\_

**The Security Service Center is located in the basement of the North Hospital Building (NBE47)**  
**Hours of Operation: Monday – Friday 6:00 am – 6:00 pm**  
**Phone: (410) 328-1329      Email: Badge\_Office@umm.edu**  
**IMPORTANT: Report lost, stolen, or missing badges immediately.**