Department of Security

Saint Francis Medical Center

NAME BADGE / PHOTO IDENTIFICATION

Badge Office Hours:

M	7:30 am - 11:30 am	Saint Francis
T	7:30 am - 11:30 am	Mount Sinai
W	1:00 pm - 5:00 pm	Saint Francis
Th	7:30 am - 11:30 am	Saint Francis
F	11:00 am - 3:00 pm	Saint Francis

☐ New - By appointment only, call 860-714-7072.
☐ Reactivate
☐ Replacement ☐ Lost ☐ Broken

Drop off form in the Badging Room between 7:30 am and 11:00 am or fax completed form to Security Fax #48056.

Badges can be picked up in the Security Office, 1st fl. building 6, M - F 9 am – 4 pm

Date of Flu Vaccine:

Name: ______________________ Employee #: ______________________

Department Name: ______________________ Department #: ______________________

Email Address (required): ______________________

Current Badge #: __________ Phone #: __________ Credentials: __________

Type of Badge (Please check):

☐ Employee ☐ Security ☐ 1000 Corporation ☐ Other (identify) __________
☐ Medical/Dental ☐ CLS ☐ Women's Auxiliary
☐ House Staff ☐ Contractor ☐ Volunteer
☐ Student ☐ Consultant ☐ Religious

Non-Employee Affiliation: ______________________

Dates Badge Required: From: __________ To: __________

Safety Training/Video Completion Date: __________ Dept. Mgr Initials: __________

Indicate Change:

Name: ______________________ Position: ______________________

Department: ______________________ Department # ______________________

Replacement Reason (Please check):

☐ Name Change ☐ Broken Badge - no charge if badge returned at time of request
☐ Position Change ☐ Replacement Badge - $15.00 Charge **(Non-refundable)**
☐ Department Change ☐ Other ______________________

Please note *all* requests for new badges, changes to badges and replacement of lost badges require a signature from the appropriate Dept. Manager.

Department Mgr Signature: ______________________ Date: __________

Dept Mgr Name Please Print: ______________________

I authorize Saint Francis Hospital and Medical Center payroll to deduct $15.00 for a replacement name badge

Employee Signature: ______________________ Date: __________

Security Signature: __________ Date: __________ New Badge # __________