## ACCESS IDENTIFICATION BADGE & PARKING AUTHORIZATION FORM

Pleas	e Check:	Emplo	byee Ph	ysician	Student	Volunteer	Contract	
Orientation Date:					Supervisor:			
Name:					Department:			
Position Title:								
Shift:	1 <sup>st</sup>	2 <sup>nd</sup> 3 <sup>rd</sup>	Per Diem	Over	Em <sub>l</sub> night	oloyee #:		
Facilit	ty: Mercy Medical Center			Health System Office			Life Laboratories	
	Physician Office Center Suite  Mercy Specialty Physicians			Brigh	ntside_		THOfNE Medical Group	
				Cam	pus Medical Bui	lding Suite #	MIMS	
	<u>175</u>	Carew Stree	et Suite #					
	Vehicle Information:  Make:  Model:  Color:  Year:  License Plate:			Vehicle 2:			Student Information:	
							School:	
							Instructor Name:	
							Term End Date:	
							Instructor Phone #:	
	State:							
		I do not have a vehicle						

## **Directions For Submission**

Please take a head shot of yourself with your smart phone -the photo should be similar to your driver's license or passport: From the shoulder up, in color, with a plain background (a white wall works best). Please see example.

Email the photo and this form prior to your start date to sfhsidaccessrequests@sphs.com as a JPEG attachment.

This must be completed the Wednesday before your scheduled start date.



**Example Badge Photo** 

If you have any questions, please reach out to your employment coordinator for assistance, or email preboardingnedgu@trinityhealthofne.org

