



Baton Rouge General

ACCESS CARD APPLICATION

Badge Number:		Issue Date: ____/____/____	
Employee Name (Last, First, Middle Initial):			
Department:		Title:	
Supervisor's Name:		Date of Hire: ____/____/____	
SPECIFY ACCESS LEVEL (Levels to be determined)			
<input type="checkbox"/> Administration		<input type="checkbox"/> PFS - Vault Room	
<input type="checkbox"/> Ambulance Service		<input type="checkbox"/> Volunteers	
<input type="checkbox"/> Licensed Professional		<input type="checkbox"/> Environmental Services	
<input type="checkbox"/> Facilities Management		<input type="checkbox"/> Pharmacy*	
<input type="checkbox"/> Medical Staff		<input type="checkbox"/> ER - PFS	
<input type="checkbox"/> Direct Care		<input type="checkbox"/> Other	
<input type="checkbox"/> Disable Existing Card # _____			
TERMS OF USE ACKNOWLEDGEMENT			
<ul style="list-style-type: none"> • Employees agree to use access card only for official business within the department(s) for which they are granted access. • Employees will not knowingly allow use of their card by anyone else. • Employees are charged \$10.00 for replacement of lost cards. • Employees will not be issued a replacement card after three lost cards. • BRGMC reserves the right to revoke access privileges from employees for violation of any of the terms contained in this agreement. 			
I have read and agree to the terms of use for the access card issued to me.			
Employee Signature/HR Representative: _____			Date: ____/____/____