

NON-EMPLOYEE BADGE REQUEST

Incomplete forms will not be processed.

Applicant: After form is completed return to your coordinator/supervisor/POC.

<u>HH Representative</u>: Print the completed form, address HH section, and return to HH Security by e-mail address below. Email: badge.requestupdate@hhsys.org

		Dates:	/ Start D		to	/ Expiration/	/ /Graduation
LEGAL NAME:						, ,	
	First	Middle			L	ast	
Date of Birth:		Social Security #:					
	Month/ Day/ Year						
ADDRESS:			City:				
State:	Zip Code:	Phone #:					
COMPANY/SCHOOI		HH DE	EPARTMI	ENT:			
BADGE TYPE: (Select one)							
	CLINICAL STUDENT (Including High School Students)	HE HE	MSI				
	CLINICAL INSTRUCTOR (Including High School Instructors)		ΓERN				
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Effective April 1, 2023 there will be a \$20.00 charge for all students to have an HH badge. (High School students will receive a Shadowing badge from Corporate University) The badge will be active until the clinical round is complete or until graduation date. There is a \$20.00 replacement fee if the badge is lost or damaged.

Student Parking: Park behind First Baptist Church located on Governors Drive. Students will park at the east end of the parking lot closest to the hospital. For a ride back to your vehicle in the afternoon call 265-6660.

Contractor Badges: The first badge is free of charge for the first badge. If the badge is lost or damaged there will be a \$20.00 fee to reprint the badge. All contractor badges will have a termination date set according to which contracted company you go through.

If parking guidelines are not followed, you are subject to a parking fine of \$50.00 for 1^{st} offense and \$250.00 for 2^{nd} offense.

Signature:	
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(Signature verifies that you have read the above statement and understand the parking guidelines for Huntsville Hospital)

**Badges can be made 24 hours after Security receives the completed form. The Security office is located inside the visitor garage by the exit gates The Badge Office (Phone#256-265-8012) is open M-F from 600am-1800pm. We accept cash, check or debit.

BELOW TO BE COMPLETED BY HH REPRESENTATIVE					
HH SUPERVISOR SIGNATURE:	EMPLOYEE ID #:				
DEPARTMENT# (5 digits):	PHONE#				

Date: