

## PHOTO ID APPLICATION FORM

I. BADGE TYPE				
David Geffen School of Medicin	ne	Semel Insti	tute	
UCLA Health System		School of D	Dentist	ry
UCLA Health System (Pink)		School of N	lursin	g
Women's and Children's Health	ı	School of F	Public	Health
II. PURPOSE				
New Employee		Affiliate		
Re-Hire				Access Card
Department Transfer		Damaged (		
Change in Title/Name		Lost/Stolen	(\$23.	50)
III. APPLICANT INFORMATION				
Last Name	Firs	t Name	MI	ID Number
Title	-		De	epartment
Professional License/Degree				udent, Affiliate nd Date
IV. DESIGNATION				
Red (Administrator, Department	Head, Physic	cian, Professor)		
Blue (Nurse, Student, Rotating S		,	nt Shif	t and/or Weekends)
Yellow (Day Shift Employee – N	o Weekends)			
V. PROX ACCESS CARD				
The UCLA Health System and David G	Seffen SOM P	hoto ID Badges a	re ava	ailable with an internal
proximity access reader for those requi				
Yes, applicant will			mity a	1
<u> </u>	ck Neuropsych	niatric Hospital		Santa Monica
No proximity access required.				
VI. CHS ACESS (Outside of normal busin	ess hours and/o	r weekends. Provide	justific	ation below.)
VII. APPROVED BY:				
I certify that I am an authorized signer	for the above	named departme	nt.	
I certify that I have completed all areas	on page one	of this form befor	e rele	asing form to applicant.
Printed Name			S	ignature
Date			To	elephone

## NOTICE TO ALL APPLICANTS, PLEASE READ!

- 1. A valid picture ID (Driver's License, Passport, or Military ID) is required. Any expired documents presented will not be accepted as a valid form of identification.
- 2. The Photo ID Office <u>does not accept payment</u> for lost/stolen and damaged ID badges. Replacement fees must be paid for **PRIOR** to a badge being issued.
  - Westwood: Main Cashier, 1st floor next to Gift Shop, Ronald Reagan UCLA Medical Center.
  - Santa Monica: Security Desk, Arizona Entrance or 16<sup>th</sup> Street Lobby.
- 3. New hires must be in the Employee Data Base (EDB) System for a minimum of 24 hours before an ID badge can be issued.
- 4. Only one ID badge per person. Previously issued badges (including Bruin Cards) must be surrendered in order to release a new badge.
- 5. This application must be completely filled out incomplete applications will not be accepted.
- Form must be printed on one page 2-sided <u>NO STAPLES</u>.

VIII. APPLICANT AGRE	EMENT AND	COMPLIAN	CE - REQUIRED				
The cardholder agrees to University and the Bruin Card will apply to all Card time the Card was according to the Card was	Card Center. rds in circula quired. I h	Future chang tion and will s ave read ar	les in terms and c supersede the ter nd accept the B	onditions	ons regulatined conditions	g the use of this in effect at the	
Last Name		Firs	st Name	MI	ID	Number	
	Signa	ture				Date	
IX. SUPPLEMENTAL INFORMATION							
Street Address			Telephone				
City			DOB				
					<b>□</b> Male	<b></b> Female	
State		Zip Code		Sex			
Westwood Photo ID Office:		Santa Monica Photo ID Off		Office:			
10833 LeConte Ave.	Monday -	- Thursday	1260 15 <sup>th</sup> St	reet	Mon	day – Friday	

	F	or Cashier Use Onl	У	
Security Account:	263427	Fund: 63000	•	
BruinCard Account:	266338	Fund: 66338	Project Code:	HS9600
SMUCLA:	263612	Fund: 63200	•	

6<sup>th</sup> floor, Suite 600

(424) 259-9109

8:15 a.m. – 12:15 p.m.

12:00 a.m. - 5:00 a.m.

8:30 a.m. – 11:30 a.m.

1:00 p.m. – 4:00 p.m.

Friday

8:30 a.m. - 11:30 a.m.

Room B8-153

(B-Level, Semel Institute/NPI Bldg.)

(310) 825-3258