GSAA ACCESS-IDENTIFICATION BADGE APPLICATION

The Manager of the individual for whom this photo/access badge is being requested must indicate the access privileges (if any) and must sign his/her signature at the bottom.

PLEASE PRINT

BADGE TYPE

☐ PHOTO   ☐ ACCESS   ☐ Other: _____

PRIMARY LOCATION *(OF EMPLOYEE)*

☐ FREMONT | ☐ SAN LEANDRO | ☐ SLEEPY HOLLOW | ☐ UC LANDING | ☐ UC MOB

EMPLOYEE

Last Name	First Name	Middle Initial	NUID

Title	Credential(s)	Department

MANAGER / DIRECTOR

Last	First	Phone

SITE ACCESS REQUESTED

☐ FREMONT   ☐ SLMC   ☐ KPPACC   ☐ SLEEPY HOLLOW   ☐ UC LANDING   ☐ UC MOB

AREA ACCESS REQUESTED

☐ ADMIN	☐ BASEMENT	☐ CCU	☐ CLINTECH
☐ CUP (Engineering)	☐ EMERGENCY DEPT	☐ GENERAL	☐ ICU
☐ LAB/PATH/MORGUE	☐ MATERIALS	☐ MED/PYXIS	☐ MOM/BABY
☐ MCH, L&D, POST-PARTUM	☐ NUTRITION	☐ NICU	☐ OR/PACU
☐ SAFE RM	☐ SLEEP RM	☐ _____	

☐ I understand that the photo/access badge is the property of Kaiser Permanente. It is my responsibility to return the badge to the local security department upon my transfer or termination.

☐ I understand the photo/access badge is to be worn on my upper torso with my picture and full name visible. I must not pierce or otherwise deface the photo/access badge. The photo/access badge must be displayed at all times while upon Kaiser Permanente property.

Employee Signature: _____ Date: _____

Manager / Director Signature: _____ Date: _____

Manager of Specific Location: _____ Date: _____

Security Services Signature: _____ Date: _____

Security Only
ID Issued: ☐ Yes ☐ No
Access Issued: ☐ Yes ☐ No
Badge No: _____
Parking Tag: _____