

SECURITY PHOTO ID BADGE REQUEST FORM - INDIVIDUAL



BADGE OFFICE INFORMATION

Location: Colby Campus, D Wing Emergency Entrance
Hours: Monday and Friday 10:00 a.m. - 3:00 p.m.
Wednesday 6:00 a.m. - 3:00 p.m.
Closed on Holidays

Phone: 425-261-3913
Fax: 425-404-5007
Email: badgeofficePEMC@providence.org

PERSONAL INFORMATION

Date:

First Name:

Last Name:

Type of Badge Requesting: (Check One)

- | | | |
|---|--|--|
| <input type="checkbox"/> PRMCE Hospital Employee | <input type="checkbox"/> Medical Staff | <input type="checkbox"/> Volunteer Service |
| <input type="checkbox"/> Providence Physician Group | <input type="checkbox"/> Medical Office Building | |
| <input type="checkbox"/> Providence Regional Employee | <input type="checkbox"/> Contractor/Vendor/Temp | |

BADGE INFORMATION – As you would like it to appear on your badge

First Name:

Last Name (Optional):

Title:

Department:

Cost Center:

CONTRACTORS AND VENDORS

Company Name:

Address:

Phone Number to reach you:

FOR ADMIN USE ONLY

Director / Manager Signature:

Employee ID #

Date Badge Issued:

***Completed forms must be delivered or faxed to badge office**