

## PHOTO ID APPLICATION FORM

I. BA	DGE TYPE							
	David Geffen School of Medicine				Semel Institute			
	UCLA Health System				School of D	entist	ry	
	UCLA Health System (Pink)			School of Nursing				
	Women's and Children's Health	h			School of F	Public I	Health	
II. PL	JRPOSE							
	New Employee			Affiliate				
	Re-Hire				Upgrade to Prox Access Card			
	Department Transfer				Damaged (			
	Change in Title/Name				Lost/Stolen	(\$23.	50)	
III. A	PPLICANT INFORMATION							
	Last Name	F	irst	Nar	ne	MI		ID Number
	Title					De	partme	nt
			l				•	
Professional License/Degree Fac			cult	y, Si	taff, Student	t, Affil	iate	Affiliate End Date
IV. D	IV. DESIGNATION							
	Red (Administrator, Department Head, Physician, Professor)							
	Blue (Nurse, Student, Rotating Shift Employees – Evening/Night Shift and/or Weekends)							
	Yellow (Day Shift Employee – No Weekends)							
	ROX ACCESS CARD							
The UCLA Health System and David Geffen SOM Photo ID Badges are available with an internal								
proximity access reader for those required to enter secure areas at the Medical Centers.								
Yes, applicant will require and is a								
Ronald Reagan Resnick Neuropsychiatric Hospital Santa Monica				a ivionica				
No proximity access required.  VI. CHS ACESS (Outside of normal business hours and/or weekends. Provide justification below.)								
VI. C	Outside of normal busin	less nours ar	10/01	weer	kenus. Provide	justilica	alion belo	w.)
VII. A	APPROVED BY:							
	ify that I am an authorized signer							
I cert	ify that I have completed all areas	s on page	one	of th	is form befor	re rele	asing fo	orm to applicant.
	Printed Name			Signature				
Date						Te	lephon	16

## 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, 1<sup>st</sup> floor next to Gift Shop, Ronald Reagan UCLA Medical Center.
  - Santa Monica: 16<sup>th</sup> Street Lobby Security Desk.
- 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.
- 6. Form must be printed on one page 2-sided **NO STAPLES**.

VIII. APPLICANT AGREEMENT AND COMPLIANCE - REQUIRED							
The cardholder agrees to abide by all rules, regulations, policies and procedures specified by the University and the BruinCard Center. Future changes in terms and conditions regulating the use of this Card will apply to all Cards in circulation and will supersede the terms and conditions in effect at the time the Card was acquired. I have read and accept the BruinCard Terms and Conditions. Furthermore, I agree to the disclosure terms as listed above.							
Last Name	First Name	MI	ID Number				
Signa	ture		Date				
IX. AFFILIATES ONLY - SUPPLEMENTAL INFORMATION							
Street A	Telephone						
Cit	DOB						
			Male Female				
State	State Zip Code						
Westwood Photo ID Offic	a Photo ID Office:						

Westwood Ph	oto ID Office:	Santa Monica Photo ID Office:			
10833 LeConte Ave.	Monday – Thursday	1260 15 <sup>th</sup> Street	Monday – Thursday		
Room B8-153	8:30 a.m. – 11:30 a.m.	6 <sup>th</sup> floor, Suite 600	8:30 a.m. – 11:30 a.m.		
(B-Level, Semel	1:00 p.m. – 4:00 p.m.	(424) 259-9109	1:00 p.m. – 4:00 p.m.		
Institute/NPI Bldg.)	Friday		Friday		
(310) 825-3258	8:30 a.m. – 11:30 a.m.		8:30 a.m. – 11:30 a.m.		

For Cashier Use Only									
	Security Account:	263427	Fund: 63000						
	BruinCard Account:	266338	Fund: 66338	Project Code:	HS9600				
	SMUCLA:	263612	Fund: 63200	-					