



University of Michigan Hospitals and Health Centers Identification Card Request & Change Form

Instructions:

- Department Head or Authorized Representative must complete this form (*please print, except signatures*).
- Card Holder must then submit form to: UMHHC Security Services Key/ID Office, Med Inn Building, Room C158
- Monday – Friday, 7am–4pm. Phone (734) 763-6376 FAX (734) 763-5016
<http://www.med.umich.edu/security/keyid.htm>

ID Card Request for: _____
(PRINT) Last Name First Name Middle Initial UMID# or unickname

I certify that the information and photograph provided and contained on my University of Michigan Hospitals and Health Centers Identification card are accurate and correct.

ID Card Holder's Signature _____ Date: _____
(Must Sign to issue Card) Expires in 30 days

UMHHC Affiliation (select one) <i>Instructions on reverse</i>
[Valid for 5 years] <input type="checkbox"/> Staff <input type="checkbox"/> Retiree <input type="checkbox"/> UMHHC Student
[Valid for 1 year] <input type="checkbox"/> Student from Other School <input type="checkbox"/> UMHHC Temp Employee (<i>paid by the University Hospitals</i>) <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor (<i>paid by project</i>) <input type="checkbox"/> Vendor (<i>paid by an agency</i>) <input type="checkbox"/> Temp Service Employee (<i>paid by an agency</i>) Agency Name _____

Reason for Request (select one)
<input type="checkbox"/> New (1 st ID) <input type="checkbox"/> Status Change (<i>Temp to Reg</i>) <input type="checkbox"/> Department Change <input type="checkbox"/> Name Change <input type="checkbox"/> Damaged, Normal Use <input type="checkbox"/> Expired Card <input type="checkbox"/> Lost/Damaged (<i>*\$20 replacement fee</i>) <input type="checkbox"/> ADD Medical credentials <input type="checkbox"/> Stolen (<i>**Report #</i> _____) <input type="checkbox"/> Returning Card _____ (Key/ID staff sign if received) (date)

To Change Access	Access Description
<input type="checkbox"/> Increase Access	-Grant access to area, doors, etc. Must include explanation or reader number
<input type="checkbox"/> Reduce Access	-Delete access to area, door, etc. Must include explanation or reader number

Chartfields MUST be completed to create cardholder's UMHHC affiliation

Short Code	Fund	Dept. ID#	Program	Subclass	Proj/Grant

(SIGN) (DATE)
 (PRINT) Dept. Head/ Authorized Representative **(Must Sign to Authorize Card)**

Department Name: _____ Dept. Phone# _____

Charge Dept: Yes No

* Require payment of a \$20.00 fee. Sponsoring Department may authorize the Key/ID Office to charge fee to the department by indicating "Charge Department: Yes". Card Holder may pay individually at the Hospital Cashier's Office and then submit the paid receipt to the Key/ID office.
 ** Requires a police or security report (enter report number on form above). Contact UMHHC Security Services at (734) 936-7890 to make report.

**INSTRUCTIONS FOR THE
UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS
IDENTIFICATION CARD REQUEST & CHANGE FORM**

Who must Use This Form	Visitors, staff, volunteers, students (ie. Medical Students, Nursing, Pharmacy, etc), vendors, contractors, and temporary staff must present a UMHS form in order to obtain a Mcard.
ID Issuance Policy	If a potential card holder requests an ID and has never been issued a card previously or they are in our database without a photo that person will have to provide some form of picture identification (Driver's license, school ID, passports, etc) before an ID can be issued. See Standard Practice Guide #601.13
Reason for Request	<p>Lost or Stolen cards must be reported to Security Services 93(67890) within 24 hours.</p> <p>Stolen: Cardholder must submit a report number from a police or security agency and enter the number on the form.</p> <p>Lost: If cardholder has lost ID, there is a \$20.00 replacement fee. The sponsoring department has the option to pay the replacement fee by completing the chart-fields located on the bottom of the form need to be filled out completely and checked "YES" for department charge. Cardholder may pay individually at the University Hospitals and Health Center <i>Cashiers Office</i> located in the University Hospital Room 2B221. You must pay in either cash or check and bring the receipt with your UMID form to the Key/ID office.</p> <p>Damaged: If a card is damaged due to normal wear and tear, there is no charge to the cardholder. If the card is damaged due to negligence by the card holder there will be a \$20.00 charge to the cardholder.</p> <p>Name Change: Cardholder must submit a name and address change form to Human Resources. Once the change has been entered in the University HR system, the card with the new information a card can be printed. The Key/ID will not make any name changes.</p> <p>Temporary staff: We must know whether you were hired by U of M temporary employment office or a contracted agency (Manpower, Kelly Services etc).</p>
Access Change	<p>Card Holders will receive regular department access unless otherwise noted.</p> <p>If a cardholder needs access to another area other than their department, this should be noted in the space provided. Please include area or reader number. If a cardholder has left the University, the form can be sent to FAX: 763-5016 or given to the Key/ID office for access to be deleted. The Key/ID office address is Med Inn Building, Room C158, Box 5810.</p>
Questions	If there are any questions concerning the process or policies please call the Key/ID Office at (734) 76(3-6376) or email us at keyidoffice@med.umich.edu . Website: http://www.med.umich.edu/security/KeyID.htm