



AUGUSTA UNIVERSITY

AUHEALTH JAGCARD / ID BADGE / ACCESS CARD AUTHORIZATION FORM TO BE COMPLETED BY HIRING SUPERVISOR/SPONSOR

INCOMPLETE FORMS WILL BE RETURNED/DIGITAL SIGNATURES REQUIRED

This form is ONLY for JagCard needs for personnel that DO NOT process through Human Resources

EMPLOYEE INFORMATION

Name on Payroll: Please print employee's full name (First Name) (M.I.) (Last Name)

Employee ID:	Phone Number	Date of Hire or Transfer:	Last 4 SSN #:
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Address: Please print employee's full address
(Street) (City) (State) (Zip Code)

Department Name/Position: If employed in the Hospital & Clinics, Medical College of Georgia, or Georgia War, list the employee's title (please use official title listed on the ePAR).

Credentials: All credentials must be verified and approved with Human Resources. Red Badge Needed?/Approval needed Kim Basso FIRST NAME ONLY ON BADGE?

ACCESS REQUIREMENTS (✓ Please check the appropriate box)

Restricted Access List the restricted areas for which the employee will need access **and obtain the signature of the building coordinator for each restricted area** listed.

Restricted Areas

Signature of Building Coordinator/Approved Area Supervisor

HUMAN RESOURCES ACKNOWLEDGEMENTS / SIGNATURE

I confirm and certify this is an active AUHealth/Contractor and authorize the issuance of a JagCard/Employee ID to the Staff/Faculty member listed above.

Printed Name

Date

Approval Signature

JAGCARD USE ONLY: BADGE #

