

## JAGCARD / ID BADGE / ACCESS CARD AUTHORIZATION FORM

(GRU EMPLOYEE)

## TO BE COMPLETED BY HIRING SUPERVISOR

(PLEASE PRINT LEGIBLY)

EMPLOYEE INFORMAT				
Name on Payroll: Please print employee				
	(First Name)	(M.I.)	(Last Name)	
Employee #:	TNA #:	Date of Hire of	Date of Hire or Transfer:	
Address: Please print employee's full address				
(Street)	(City)	(State)	(Zip Code)	
	(Oity)	(otate)		
Title/Division If employed in the Hospital &	Clinics, Medical College of Georgia, or Georgia War, lis	t the employee's title (please use offical title list	ted on the ePAR). For all other, enter the Division name.	
Name on Badge: Print your name as you	want it to appear on the ID Badge. You must enter a first a	nd a last name (initial is optional). Employees in li	censed positions are allowed one credential at the end of the name.	
		leted by employee during orientation.)		
ACCESS REQUIREMEN	ITS ( $\checkmark$ Please check the appro	priate box)		
General Access				
Restricted Access	List the restricted areas for which the employee w For assistance see: Instructions & Restricted Acc	vill need access and obtain the signature of th ess Information.	e building coordinator for each restricted area listed.	
For furth	er information concerning access r	equirements, contact Public S	Safety at 1-6287.	
Restricted Areas	Signature of	Signature of Building Coordinator		
ACKNOWLEDGEMENTS	S / SIGNATURE			
	erty of Augusta University and must nd use of this card constitutes acce			
	sta University services are to be	accessed, it is my responsi	ibility to get the card	

Employee Signature (to be signed during orientation)

Date

Note: Activation of your card should be completed by Public Safety within 24 hours of submitting form to the Jagcard Office (this excludes Saturday and Sunday). If your card fails, contact Public Safety at 1-2914.

P.S.D. Use Only: Badge Number \_\_\_\_