



AUGUSTA UNIVERSITY

JAGCARD / ID BADGE / ACCESS CARD AUTHORIZATION FORM

(AUGUSTA UNIVERSITY EMPLOYEE)

TO BE COMPLETED BY HIRING SUPERVISOR

(PLEASE PRINT LEGIBLY)

EMPLOYEE INFORMATION

Name on Payroll: Please print employee's full name

(First Name)

(M.I.)

(Last Name)

Employee #:

TNA/Banner #:

Date of Hire or Transfer:

Address: Please print employee's full address

(Street)

(City)

(State)

(Zip Code)

Division: If employed by Georgia War or PPG, list the employee's title (please use official title listed on the ePAR). For all other, enter the Division name.

Credential: Employees in licensed positions are allowed **one** credential at the end of the name.

(LEAVE BLANK: This is to be completed by employee during orientation.)

ACCESS REQUIREMENTS (✓ Please check the appropriate box)

General Access

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. For assistance see: [Instructions & Restricted Access Information](#).

For further information concerning access requirements, contact Public Safety at 1-6287.

Restricted Areas

Signature of Building Coordinator

ACKNOWLEDGEMENTS / SIGNATURE

I understand the card is the property of Augusta University and must be returned upon my termination or if requested by Augusta University officials. Possession and use of this card constitutes acceptance of the terms and conditions of Augusta University's policies governing its use.

I understand that if other Augusta University services are to be accessed, it is my responsibility to get the card activated and/or terminate my participation in these services.

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 _____