



Fountain Valley Regional HOSPITAL & MEDICAL CENTER

17100 Euclid Street
P.O. Box 8010
Fountain Valley, CA 92708
Tel 714.966.7200

REQUEST FOR ID BADGE

**Requesting Director must complete all sections and submit to Human Resources for processing.
Proof of identification will be required
Please direct all questions to Human Resources at extension 3383**

Date: _____

Type of badge: Employee Physician Medical Student Contract Volunteer Traveler
 Dietary EVS Conifer Student LifeLine
 Other: _____

Information to reflect on badge:

Name: _____

Title: _____

Department: _____

Access needed (departments): NONE

Duration of assignment (if Contract, Traveler or Medical Student): Start: _____ End: _____

Management Approval Required: _____

Signature

Extension: _____

ALL CONTRACT BADGES MUST BE RETURNED BACK TO HUMAN RESOURCES WHEN ASSIGNMENT IS COMPLETED