

Identification Badge Information



Legal Name: _____
Last First

Name as you would like it to appear on badge, i.e. Kathy or Kathleen:

Print clearly _____
Name Professional Initials (i.e., CNA, MA, RN, etc.; Limited to 2 Sets)

Department Name: _____
(Will conform to Policy)

Job Title/Occupation: _____
(Will conform to Policy)

Proudly Serving Since: _____ 2019 _____

You will receive an ID badge, clip, and choice of one of the following:

Lanyard OR Pullout/Retractable Cord

Payroll Deduction Agreement: I understand that I can use payroll deduction with my HFM ID Badge for purchases at HFM's cafeteria, gift shop, pharmacies, and at special sales. If I leave my employment at Holy Family Memorial, I understand I will be required to pay back any outstanding balance of payroll deduction charges I have incurred. I agree to have the amount deducted from my paychecks at an amount determined by HFM.

Signed: _____ Date: _____

**You will have your picture ID taken on the day of your orientation -
Please complete this form and bring with you on that day.**

For HR Use Only
Picture # _____ Employee # _____ New Badge #117- _____