

# 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: \_\_\_\_\_ 2021 \_\_\_\_\_

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 physical -  
Please complete this form and bring with you on that day.**

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For HR Use Only  
Picture # \_\_\_\_\_ Employee # \_\_\_\_\_ New Badge #117- \_\_\_\_\_