

UTHEALTH Auxiliary Enterprises - Badging
ID Badge Request

To: AUXILIARY ENTERPRISES - ID Badging
UCT 1.070Q
Phone: (713) 500-3403

Date: _____

Submit ID Badge Request Form via Digital Signature to the following: [Office of ID Badging](#)

HR will issue all New Employee and New Faculty badges.

HR will issue all New and Replacement badges for Non-Compensated Faculty, Postdoctoral/Research Fellows, Observers, Visiting Students, Visiting Scientists, and Volunteers.

Fees: Due upon receipt:

\$15.00 – Vendor/Contractors

\$10 – All Replacement Badges

ID REQUIRED: PASSPORT, US GOVERNMENT ISSUED DRIVERS LICENSE or ID, OR MILITARY ID.

COMPLETE ALL SECTIONS

Issue Badge To: _____

Employee ID: _____

Contractor/Tenant Company Name: _____

Employee Department: _____

BADGE TYPE

BADGE COST

BADGE LOGO

- | | |
|--|------------------|
| <input type="checkbox"/> A - Adjunct | No Charge |
| <input type="checkbox"/> C – Contractor/Temp. | \$15.00 |
| <input type="checkbox"/> E – Employee - Replacement | \$10.00 |
| <input type="checkbox"/> L – Lease (Non UT Tenant) | No Charge |
| <input type="checkbox"/> P – Post Doc | No Charge |
| <input type="checkbox"/> R - Resident | No Charge |
| <input type="checkbox"/> S – Student | New -No Charge |
| | Replacement \$10 |
| <input type="checkbox"/> VS – Visiting Student
(Students from other Schools) | No Charge |
| <input type="checkbox"/> VI –
Visitors/Volunteers/Observers
(Employees not with UTHHealth) | No Charge |
| <input type="checkbox"/> Memorial Hermann | \$10.00 |
| <input type="checkbox"/> Harris Health | \$10.00 |

- | |
|--|
| <input type="checkbox"/> UT Logo Orange (A, E, F, P, R, S) |
| <input type="checkbox"/> Dual UT/MDACC Gray – GSBS (E, F, S) |
| <input type="checkbox"/> No Logo White –Non UT Tenants |
| <input type="checkbox"/> UT Logo Blue– Contractor/Temp Agency (C) |
| <input type="checkbox"/> UT Logo Green – Visiting Students & Visitors (VS, VI) |

*Badge Types of C, VS or VI must have an expiration date not greater than 1 year.

Expiration Date:

ACCREDITATION: ☐ MD ☐ DDS ☐ RN ☐ PhD *Other: _____

*(Must be necessary to perform current job function)

Departmental Chartfield to be charged: _____

Chartfield Approval: _____

Phone Number: _____

Building: _____

Note: Access to Medical School Building must have approval from Office of Administration and Faculty Affairs OAFA@uth.tmc.edu. For Resident requests for Medical School Building, please send requests to the GME office via ms.gme@uth.tmc.edu.

*Approved By: _____

Signature: _____

No signature required when sent by e-mail with Digital ID.

*Title: _____

*Department/Company: _____

*Telephone #: _____

*REQUIRED INFORMATION

Revised 12/18/2020