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**Photo ID Badge Transition Request Form**

*Please complete form in its entirety and submit to your Department Head/Chair or Designee. You must show a current picture I.D. to complete this transaction. If no expiration date is included on form, it will automatically expire in five (5) years.* **\*REQUIRED INFORMATION, INCOMPLETE FORMS WILL NOT BE PROCESSED**

1. Do you have an existing UNC School of Medicine Photo ID?  Yes X No

2. \*PID Number: \*Email Address**:**

**For your photo ID badge:**

3. \*Legal Name: Last Name:

First Name: (Note: You may use your first initial and middle name.)

Middle Initial:

4. \*Title/Position:  Professor  Associate Professor  Assistant Professor

 Research Associate  Research Assistant  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Post-Doctoral Fellow  Graduate Student  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Information Technology  Administrative Assistant  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \*Department:  DPET / Pharmacogenomics  MEDC / Drug Discovery  DPMP/Nanotechnology

 Administration  Business/HR  ITSoP  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Please check the UNC Eshelman School of Pharmacy / Medicine building to which you are assigned / requesting access:**

\_\_\_ Genetic Medicine Bldg (Floor: 1st 2nd (Circle)) \_\_\_ Marsico Hall /Imaging Research Bldg (Fl: 2nd 3rd 4th NMRarea (Circle))

The individual identified above should be allowed access to the designated UNC Eshelman School of Pharmacy space in the Genetic Medicine Research Building and/or Imaging Research Building.

\*\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* \*\_ \_\_  
 Signature of Department Chair or Designee Date Phone Number

**Note**: Permissions for access to other floors in Genetic Medicine requires authorization from those SoM departments.

\_\_\_\_\_ GMB 3rd Floor (Biochemistry) \_\_\_\_\_ GMB 4th Floor (Pharmacology) \_\_\_\_\_ GMB 5th Floor (Genetics)

The individual identified above should be allowed access to the designated SoM space(s).

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature of Department Chair or Designee Date Phone Number

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 Signature of Department Chair or Designee Date Phone Number

**Note**: Permissions for access to other SoM buildings requires use of the SoM Photo ID Request Form.

**\* I UNDERSTAND THE FOLLOWING:**

 A $15.00 replacement fee will be charged for any lost badge while employed.

 A $50.00 deduction from your final paycheck will be made if Photo ID is not included in Termination Packet.

\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee Signature Date