2.8.3 IDENTIFICATION BADGES

A. General

LSU Medical Center-Shreveport policy requires that all employees obtain a Photo Identification Badge and wear the badge conspicuously displayed on their person at all times. Employees not complying with this policy may be subjected to an appropriate disciplinary action. LSUMC provides an initial identification badge at no cost to all new employees.

B. Initial Badges

Human Resource Management will give new employees a completed ID badge request form when initial employment paperwork is completed. The new employee must proceed to University Police Department Room G-213 and present the ID badge request form to receive an identification badge.

C. Replacement Badges

If a badge is damaged or an employee changes department, job title, or name, LSUMC will provide a replacement badge at no cost to the employee, provided the old badge is turned in. All employees will be charged a $5.00 replacement fee for lost badges.

D. Procedure

Replacement badges will be issued on Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m. The employee requesting the replacement badge should go first to room G-213, Operations Section, University Police. University Police Personnel will verify employment status and complete an “Identification Badge Reissue Authorization Form.” (Sample form attached)

The employee will take the completed reissue form to the cashier's window, Room 1-218B, 1st floor School of Medicine, to pay the $5.00 replacement fee. The cashier will issue a receipt and sign the authorization form. The employee will return the receipt and Employment Identification Reissue Authorization to G-213, University Police at which time the replacement badge will be issued.

E. Responsibility

It is the responsibility of all employees to comply with the policy, and it is the responsibility of each Department Head to enforce this policy. Violators of the policy should be handled via the normal disciplinary procedure, i.e., verbal consultation, written warning, and suspension up to removal.
Date: ___________________________________

Name: ____________________________________________________________________________

Department: _______________________________________________________________ Work Phone: ___________________________________

Social Security # _____________________________  □ Employee  □ Student  □ Student Worker

□ Volunteer  □ Other _____________________________

Position Title: _____________________________________________________ Student ID#: ________________________________

REQUEST FOR ACCESS TO THE FOLLOWING AREAS:

<table>
<thead>
<tr>
<th>Location</th>
<th>Days</th>
<th>Hours</th>
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<td>Hospital Entry</td>
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<td>WCC/ACC</td>
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<td>Allied Health Entry</td>
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<td>Peds/Newborn</td>
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<td>Surgical Suites</td>
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<td>Medical Records</td>
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<td>Animal Resources</td>
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Approved by: Dir., Animal Resources

Applying department head approves the requested access. Also, approving department head will be responsible for reimbursement to University Police for cards issued to Student Workers, Volunteers, Contractors/Vendors and Observer/Participants if the cards are not returned to UPD upon the person’s departure.

Department Head Signature ___________________________ Date ___________________________

I acknowledge receipt of the above card and agree to pay $20.00 for each card lost, damaged or not returned to the University Police. A $20 fee will be paid before a lost or damaged card is replaced.

I understand this card is LSUHSC-S property and must be returned to University Police upon ending my association with LSUHSC-S. Any misuse or unauthorized use of this card may subject the card holder to disciplinary action.

_______________________________________________ ____________________
Employee Signature Certifying Receipt of Card Date

_______________________________________________ ____________________
Hospital Administration Date

_______________________________________________ ____________________
Card # Issuing Official Date Returned