

**DIVISION OF PUBLIC HEALTH  
SIX FORKS CAMPUS  
ID CARD/BUILDING ACCESS BADGE REQUEST**

1. **DPH STAFF** STATE EMPLOYEE  TEMPORARY EMPLOYEE  INTERN/CONSULTANT   
**DPH SERVICE VENDORS** GOVERNMENT  PRIVATE

**NAME AS IT WILL APPEAR ON THE CARD (please print)**

**FIRST NAME** \_\_\_\_\_ **MIDDLE INITIAL** \_\_\_\_\_

**LAST NAME** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**SECTION/BRANCH or COMPANY** \_\_\_\_\_

**WORK TITLE** \_\_\_\_\_

**PRIMARY WORK LOCATION (check one)**

**Six Forks Building**  5501  5505  5601  5605 **Floor** \_\_\_\_\_ **Room #** \_\_\_\_\_

Field  Home Based  Regional  CDSA \_\_\_\_\_ **Other Raleigh Site (specify)** \_\_\_\_\_

2. **INDICATE THE DESIRED AUTHORIZATION ACCESS (CHECK ONLY ONE time)**

<b><u>STANDARD DAY ACCESS TO ALL BUILDINGS</u></b> 6:30 AM TO 6:30 PM, Monday to Friday	24 Hours a day, 7 Days a week ALL buildings
24 Hours a day, 7 Days a week access to ASSIGNED building with Standard access (6:30 am - 6:30 pm, Monday to Friday) to the other buildings	<b><u>SPECIAL ACCESS:</u></b>
	<b>ID only, NO ACCESS</b>

3. **ENTER NAME FOR IMMEDIATE AND SECTION/BRANCH SUPERVISOR**

**IMMEDIATE SUPERVISOR (PLEASE PRINT)** \_\_\_\_\_

**SUPERVISOR SIGNATURE** \_\_\_\_\_

**SECTION HEAD/AUTHORIZED SIGNATURE** \_\_\_\_\_

4. Present this form completed and signed to the receptionist in the DPH Human Resources office (5605 Six Forks Road, First Floor, Room A1, Phone (919)707-5450) from 8 am to 1 pm and 2 pm to 4 pm. If your badge is lost or damaged, call the receptionist to request a replacement. There is a \$7.00 charge to replace a lost badge.
5. The request section/agency is responsible for granting and authorizing use of Access Cards. In the event of a change of schedule or employee termination/separation, contact Human Resources Receptionist (Bldg # 5605, First Floor, Room A1, Phone 707-5450), to update access or deactivate the card.

\_\_\_\_\_  
**Signature of Person Upon Receipt of ID Access Card** **Date**

**This Section is for HR/Security USE ONLY**

<b>New Badge</b>		<b>Replace Damaged</b>	
<b>Replace Lost</b>		<b>Downtown Badge</b>	
ID CARD #			
ID Completion Date		Separation Date	
Completed By		Deactivation Date	