

ID Badge Form – Contractor’s Only

This form is for the use of Contract Associates, Volunteers, Interns. CHRISTUS Associates need to request a badge through mychristuslife.com there is a \$10 replacement fee for a Lost, Stolen or Damaged ID Badge (*excludes normal wear and tear*). The \$10 fee is paid at the Admitting Office at the associate’s facility prior to the Director submitting the electronic badge request. Department Director will submit the electronic Badge Form to badgecontrol.security@christushealth.org or the Contract Associate can take the receipt and the signed Badge Form to the CHRISTUS Santa Rosa ID Badging & Parking Office located at 333 N Santa Rosa St, San Antonio, TX 78207, during the hours of 8 am to 12noon or 1pm to 4 pm, Tuesday, Wednesday or Thursday. Replacement badges for Title, Department or Name Changes are replaced at no charge; the Department Director will submit the request electronically. For electronic request the replacement badges will be sent to Security Office at the Associate’s assigned campus within 24 to 48 hours, Security will collect the old badge in exchange for the new badge. **An ID badge will NOT be issued without a completed electronic or hard copy signed by the Department Director.**

Type of Associate (Check appropriate box): Contractor PASC Associate Volunteer Student / Intern

Reason for Badge: New Hire New Contractor Lost/Stolen Title Change Department Change
 Name Change Other (please specify) _____

Facility: Alon Creekside Children’s ED @ Westover Hills Alamo Heights Hospital Children’s Hospital
 Medical Center Hospital New Braunfels Hospital Westover Hills Hospital New Braunfels ASC
 PASC – Alamo Heights

CHRISTUS ASSOCIATE’S INFORMATION			
Associate’s Name		ADP #	
Department		Last four of SSN	
Job Title		Associate’s Phone #	
Are you enrolled in Payroll Meal Deduction?		Yes or No	(Circle One)
Director’s Name (print)		Director’s Phone #	
Director’s Signature		Date	

CONTRACTOR’S INFORMATION (Contractor, Volunteers, Students / Interns,			
CHRISTUS Department Director must complete Contractor’s Credentialing Requirements Checklist (Policy # CO-HR-03-76) and forward to HR Representative (Ali Ludwig 704-2694) prior to the Contractor’s first day of Assignment. Checklist is not required for Student, Volunteers and Travel Nurses.			
Contractor’s Name		Social Security #	
Department		Job Title	
Company Name		Employer’s Phone Number	
Employment Start Date		Employment End Date	
Director’s Name (print)		Director’s Phone #	
Director’s Signature		Date	

CARD HOLDER’S ACKNOWLEDGEMENT			
I understand this card is property of CHRISTUS Santa Rosa Health and must be returned upon termination or end of service agreement. I will be required to pay \$10 for a replacement card if my card is lost, stolen, or damaged (excludes normal wear and tear). Furthermore, I understand the badge must be visible and worn above the waist at all times while in a CHRISTUS Santa Rosa Facility.			
Associate’s/Contractor’s Signature		Date	

Parking Registration Form

There is a \$5 replacement fee for a Lost, Stolen or Damaged Parking Permit (excludes normal wear and tear). The \$5 fee is paid at the Admitting Office Cashier at the Associate's facility prior to the Associate submitting the electronic Parking Registration Form. The PAID receipt needs to accompany the submitted Parking Registration Form. Associate will submit an electronic Parking Registration Form to parkingcontrol.security@christushealth.org or the Associate can take the receipt and a signed Parking Registration Form to the City Centre Security Office (Room 1813) between the hours of 8 am to 4 pm, Monday through Thursday. All parking permits submitted electronically will be sent to Security Office at the Associate's assigned campus. Associates may pick up their parking permit(s) within 48 hours from Security at their assigned campus, from the date request has been received by the Badge Control office at City Centre. A Parking Permit will NOT be issued without a completed electronic or hard copy Parking Registration Form.

Date: _____

Please Check Your Assigned Campus:

- Alamo Heights
 City Centre/Children's
 Medical Center
 Westover Hills
 New Braunfels
 NB ASC
 Other: _____

Last Name _____ First Name _____ Middle Name _____

Dept Name _____ Title _____ Shift Hours (Example 7a-7p) _____ Badge # (1st 5 digit # on back of badge) _____

Dept Phone# _____ Cell Phone# _____

Registration is limited to two vehicles per Associate. There is a \$5.00 fee to replace a parking permit.

Vehicle # 1

Vehicle # 2

Year: _____	Make: _____	Year: _____	Make: _____
Color: _____	Model: _____	Color: _____	Model: _____
State: _____	Lic. Plate #: _____	State: _____	Lic. Plate #: _____

Permit Color: _____ 1# Permit #: _____ Permit Color: _____ 2# Permit#: _____

- CSR Associate
 Volunteer
 Aramark
 *CSR Agency/Contractor
 Allied Health Professional
 Physician
 Intern
 Resident – Residents are not permitted to park in a space marked **“Physician Only”**

** CSR Agency/Contractor does not pertain to contractors who perform electrical, plumbing, general contract services.*

By accepting this Parking Permit, I recognized that I am subject to the CHRISTUS Santa Rosa Health System Parking Policies (*Parking Policy#CO-EC-02-2*) and comply with all posted traffic signs and designated parking assignment. I understand I must use my CHRISTUS ID Badge to gain access into the Parking Garage; if I don't have my CHRISTUS ID Badge, access to the Parking Garage will be DENIED. I am aware the Parking Garage is for the use of Associates Only while on duty and should not be used for any type of personal use. I am aware I should not use my assigned CHRISTUS ID Badge to grant other vehicles access into the Parking garage or other Restricted areas.

I understand this permit is property of CHRISTUS Santa Rosa Health System and must be returned upon termination or end of service agreement. I will be required to pay \$5 for a replacement permit if my permit is lost, stolen, or damaged (excludes normal wear and tear). Furthermore, I understand the permit must be visible and on the designated vehicle at all times while at a CHRISTUS Santa Rosa Facility.

Associate's/Contractor's Signature	Date
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