

**Employee Name** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**ID & Parking Sticker** [ ]

**ID Only** [ ]

**Parking Sticker Only** [ ]

**Type of badge holder:**

**Lanyard**

**Reel**

**Clip**

## ID CARD INFORMATION

Employee Number \_\_\_\_\_

Credentials \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_

## VEHICLES INFORMATION

1. Make/Model/Color /Year \_\_\_\_\_

License Plate Number \_\_\_\_\_

2. Make/Model/Color /Year \_\_\_\_\_

License Plate Number \_\_\_\_\_

I have been issued an MFB employee ID & Kronos Swipe Card for timekeeping purposes, or an MFB Volunteer/Student ID Card. I understand that per the [MFB Policy](#) I must wear my MFB picture ID in such a way that is easily visible. Furthermore, the ID must not be altered or defaced. I understand that if I lose or damage my card, there will be a Non-negotiable \$5.00 replacement fee.

Employee/Volunteer/Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only Do Not Write Below This Line

1. Vehicle Sticker Number: \_\_\_\_\_

2. Vehicle Sticker Number: \_\_\_\_\_

3. ID Card Number: \_\_\_\_\_

4. Picture Number: \_\_\_\_\_

5. Deliver ID Card/Sticker to Manager/Supervisor: \_\_\_\_\_  
(DO NOT DELIVER TO H.R. UNLESS REQUESTED)

Parking Database \_\_\_\_\_ Security Access System \_\_\_\_\_ Nursing Dept. Access \_\_\_\_\_

Security Officer Initials: \_\_\_\_\_

Date Entered: \_\_\_\_\_