



Princeton HealthCare System

Redefining Care.

**BADGE AUTHORIZATION FORM**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Company (If not PHCS): \_\_\_\_\_

Please Check One:

- Volunteer                       Physician                       Temp  
 Student                               Contractor

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Human Resources Department Use Only:***

Date Received: \_\_\_\_\_ Badge #: \_\_\_\_\_

Process By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Human Resources Authorization: \_\_\_\_\_ Date: \_\_\_\_\_