



ACROBAT READER
REQUIRED
FOR THIS FORM

New Jersey Department of Health
Office of Administrative Services



Use Pointer Tool

EMPLOYEE IDENTIFICATION (BUILDING/PARKING) MULTIFORM

Instructions: Please complete your section of the form, electronically sign and save as FIRST and LAST name (e.g. "John Smith FM-7.pdf), then submit via email following this order: EMPLOYEE > SUPERVISOR > HR Liaison or Representative > ID.ACCESS@doh.nj.gov. If you are requesting access to one of our parking areas, please be sure to list your vehicle information in the appropriate fields. Please note, your form may be returned due to insufficient information.

SECTION I – TYPE OF REQUEST

Type of Request	Date of Request	Photo ID	Building Access	Parking
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Please note: There is a \$5-10 fee for lost credentials. If your item(s) were stolen, you may attach a copy of a Police Report to have this fee waived.

SECTION II – EMPLOYEE INFORMATION

Employee Name:	<small>First</small>	<small>MI</small>	<small>Last</small>	Phone:
Email Address:				Title:
Department:	Division:			Program:
Vehicle 1 License Plate:	Make:	Model:		Color:
Vehicle 2 License Plate:	Make:	Model:		Color:
PHOTO SCHEDULING	<small>You may schedule an appointment by sending an Outlook Meeting request to id.access@doh.nj.gov. In the subject of the email, please indicate the following "Photo Appointment Request: First and Last name". All appointments will be available between 2-4:30pm at the following locations: 55 North Willow(Monday/Friday) and 3 Schwarzkopf Drive - PHEAL(Wednesday).</small>			
EMPLOYEE SIGNATURE:	Handicap Parking (requires attached documentation)			

SECTION III – SUPERVISOR APPROVAL

Supervisor Name:	<small>First</small>	<small>MI</small>	<small>Last</small>	Phone:
Email Address:				Title:
Employee Type:	Essential:	Authority:	Biometric:	AHRF:
Work Location:	Access Type:			
Hours of Access:	Workstation No.:		End Date:	
SUPERVISOR SIGNATURE:				

SECTION IV – LIAISON APPROVAL

Liaison Name:	<small>First</small>	<small>MI</small>	<small>Last</small>	Phone:
Email Address:				Title:
I approve that all information listed in the supervisor section of this form is correct.				
I have made corrections to the supervisor section of this form and approve of this request.				
This request is denied, employee should not have a NJDOH photo ID and/or access to our location(s).				
LIAISON SIGNATURE:	Building Card No. (No Photo):			

SECTION V – RESPONSIBLE OR ALTERNATE RESPONSIBLE OFFICIAL APPROVAL

RO/ARO Name:	<small>First</small>	<small>MI</small>	<small>Last</small>	Phone:
Email Address:				Title:
I approve employee for BSL-3 Biometric Access/ID card.				
I deny employee BSL-3 Biometric Access/ID Card. This is a final decision. HR Liaison must designate an access type.				
<small>Any questions or reservations about granting BSL-3 Biometric access/ID card to employee, must be worked out internally prior to approval of this form.</small>				

RESPONSIBLE OFFICIAL SIGNATURE:

FOR INTERNAL USE ONLY

Photo ID No.:	Printed:	Other Building Card # :	Unique ID:
iSite	Access IT	Nexus	
		Parking Permit 1:	Parking Permit 2:
		Parking Area:	Parking Area:
		Expiration Date:	Expiration Date:
	4e	Waiting List 1:	Waiting List 2:
		Area:	Area:

All changes require ATTACHED documentation

Date	Type	Previous Status/Item No.
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10-digit:	Notes:
Compass Code:	