

Temporary Badge Form



Check One

Type: Contractor Vendor Observer
 Student Other: _____

Location: Weston Clinic West Palm Beach
 Weston Hospital Meridian FHC

Badge Info

Date: _____
 Name: _____
 Title: _____

Authorization (Applicable Dept)
*This form must be signed in the space below or
 this form is void.*

 Signature

Agency/School/Company: _____ Start Date: _____
 Dept. Name: _____ EXPIRATION: _____
 SSN: _____ Badge Number: _____
 Supervisor: _____

If no SSN—
 Country of Birth _____ Passport/Visa Type _____ Visa Expiration&Number _____

Additional Information: _____

Parking Information –PERMIT REGISTRATION

	Parking Sticker Expiration Date:	PARKING STICKER #:
Year:	Make:	Model:
Color:	License State:	License Plate #:
All above information is required.		

Deposit Requirement / Replacement Cost

There is a deposit required of **\$20.00** to obtain property issued by Cleveland Clinic Florida. This deposit is held throughout the individual's tour of duty at CCF. Upon return of the item(s) at the end of tour, the deposit amount will be returned in full to the individual. **In the event property is not returned by end of tour, the deposit will be forfeited**
Deposits will be paid by CASH ONLY. There will be NO CHANGE PROVIDED.

Identification Information

Signature of Individual Above: _____ Date: _____

The signing of above indicates that you have received the item(s) and have been made aware of the potential loss of deposit funds if not returned at the time of completion of tour at CCF.

OFFICE USE ONLY			
\$20.00 Deposit Received:	\$20.00 Deposit Refunded:		
Date : _____	Date : _____		
Receipt # : _____	Refunded By : _____		
Received By : _____	Item(s) Returned -		
	<input type="checkbox"/> Identification Badge		
	<input type="checkbox"/> Access Card		