Cook County Health and Hospitals System



SECURITY CARD ACCESS INFORMATION FORM

Last Name	First Name	MI
a es		
Department		Extension/Pager
Hospital I.D No.		Title/Classification
Card No.		
Access Levels (Location)	Days	Time Restrictions
		i,
	d	
		to the transfer of the contract of the contrac
ACKNOWLEDGE THE RECEIPT	OF THIS SECURITY ACCESS CARD	AND ACKNOWLEDGE ALL
RULES AND REGULATIONS REGA	ARDING ITS USE. NO ACCESS IS TO	BE GIVEN TO UNAUTHORIZED
PERSONNEL. I WILL BE HELD RE	ESPONSIBLE FOR REPORTING THE	LOSS, THEFT OR MISUSE OF
RECEIVING A NEW CARD A NEW	COST OF THE CARD IS TO BE PAID FORM MUST BE COMPLETED AN	D TO THE CASHIER PRIOR TO
DEPARTMENT HEAD/DESIGNEE	OF MY WORK AREA AND A REPO	D SIGNED BY THE
OLICE. MISUSE OF THIS CARD V	VILL BE IN ACCORDANCE WITH T	HE COUNTY BOARD'S RULES
AND REGULATIONS GOVERNING	EMPLOYEE CONDUCT.	
	* 7 1	The True Silver
Employee Signature / Date		Department Head / Date
		Department nead / Date