VIRGINIA MASON MEDICAL CENTER
ID Badge Policies

Contingent Worker

A contingent worker ID badge is issued to temporaries (including non-VMMC providers), vendors, students, volunteers and visitors.

The ID badge:

1. Provides picture identification to maintain a secure environment for our patients and employees.
2. Allows designated contingent workers access to the buildings after hours.

Your ID badge should be handled with the same care as your driver's license, credit card, and other forms of identification. Once a VMMC ID badge is issued to you, you are responsible for its use at all times.

The following policies and procedures are to be followed by all contingent worker ID badge holders:

1. Your ID badge must be worn with photo and name visible at all times while on VMMC premises. It is each person's responsibility to wear his/her ID badge while working on VMMC premises and to use it properly.

2. For security and protection, the ID badge should only be used by the person/company to whom it is issued. Never loan nor give your badge to anyone.

3. The badge is Virginia Mason Medical Center property; therefore, attaching pins, defacing or altering the badge is against policy. When your contract/service ends with Virginia Mason Medical Center, you must return your ID badge to your VMMC contact person or Human Resources Representative on your last day of service.

4. **You are responsible for the replacement of a lost or stolen ID badge;** you should report missing ID's to Security immediately. Replacement badges can be obtained in Human Resources.

In signing this form below, you agree to abide by the above information.

Print Name (first and last) _____ Signature _____ Date _____

Company/School Name _____ Company/School Contact _____ Company/School Contact Phone # _____

VM Contact - Mgr/Supervisor Name (**please print**) _____ VM Contact - Mgr/Supervisor Signature _____ VM Mgr/Supervisor Phone # _____

VM Contact Department Name _____

Contract/Service Start Date: _____ **Contract Expiration Date:** _____

Office Use Only

Date Processed	Worker Number Assigned	Replacement (yes/no)	HR Initials

Comments: _____