

Ohio Department of Medicaid  
**PHOTO IDENTIFICATION**

<b>Indicate Employment Status</b>		
<input type="checkbox"/> Full Time State	<input type="checkbox"/> Part Time State	<input type="checkbox"/> College Intern
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Other	<input type="checkbox"/> Contractor
<b>Reason for Request</b>		
<input type="checkbox"/> Initial Issue	<input type="checkbox"/> Broken	<input type="checkbox"/> Lost or Stolen
<input type="checkbox"/> Modify Access		
<b>Employee Information</b>		<b>Employee ID Number</b>
First Name	Middle Initial	Last Name
Office Location <i>(floor/cubicle/office number)</i>	Desk Phone #	Bureau Name
Company Name <i>(if contractor)</i>		
Date Employment to Expire <i>(intermittent / college intern / contractor)</i>		
<b>Key Card Access</b> <i>(24/7 requires supervisors approval)</i>		<input type="checkbox"/> More perimeter access needed
<input type="checkbox"/> Mon. – Fri. 6:00 AM to 6:00 PM	<input type="checkbox"/> Mon. – Sun. 24/7 Access	Room Number
<input type="checkbox"/> Columbus Lazarus	<input type="checkbox"/> Other	Area
Justification for 24/7 Access		
<b>Supervisors' Approval</b> <i>(must be completed before Photo ID or Access Card is issued)</i>		
Supervisor Print Name		Date
Supervisor Signature X		
<b>Final Approval for Access</b> <i>(must be completed before Photo ID or Access Card is issued)</i>		
Chief Inspector / Designee Print Name		Date
Chief Inspector / Designee Signature X		
<b>For Security Use Only</b>	<b>Date Completed</b>	<b>Security Initials</b>
Card #		