**1.0 FORM Send to: QRTP.Security@IQVIA.com**

Employee ID #\_\_\_\_\_1097712\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date \_\_16\_\_/\_06\_\_\_/\_\_2021\_\_

First Name \_\_Chendur\_\_\_\_\_\_\_Last Name\_\_\_Murugan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_C\_\_

Company/Vendor Name: √❑ IQVIA ❑ Q2 Solutions ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status (Select one) √❑ Employee ❑ Contractor

Type of Request: √❑ New Hire ❑ Update Badge ❑ Lost ❑ Name change ❑ Renewal ❑ Damaged

Site/Office Location \_\_\_\_\_\_CHENNAI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_8939294715\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Restricted Rooms – Only complete if required**

|  |
| --- |
| Examples include:  ❑ IT Server Room  ❑ Clinical Archive Room  ❑ Lab Room  ❑ Store Room  ❑ Mail Room  Note: Access to “Restricted Rooms” requires additional approval from the Restricted Room  Controller. Please contact QRTP Security to obtain a listing of room controllers, if needed.    Name of Restricted Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Restricted Room Controller \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Print) (Signature) (Date) |

Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) (Signature) (Date)

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_chendurmurugan c\_\_\_\_\_\_\_\_ \_\_01/07/2021\_\_\_\_\_\_\_\_\_\_

(Print) (Signature) (Date)

# TO BE COMPLETED BY SECURITY

## Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Bid #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overlay: \_\_\_\_\_Yes / No \_\_\_ Date Shipped\_\_\_\_\_\_\_\_\_\_\_\_\_**