

Merck Employee Badge Request form

Instructions: For New requests, complete Sections 1 & 2 and email (preferred) or bring hard copy.
 For Additional Site Access requests, complete Sections 1 & 2 and email/bring to Employee's Homesite .
 For Reprint requests, complete Section 1 only and email (preferred) or bring hard copy.

Notes: Refer to Collaboration or Site Security web pages for badging instructions. [Form can only be electronically signed via Adobe.](#)

Section 1: PERSONAL INFORMATION (All Fields must be completed by the Employee)

Request Type: ☐ New Employee ☐ Additional Site Access ☐ Replacement ☐ Lost ☐ Broken ☐ Other: _____

Note: Legal names must be entered into Merck HR systems

First Name: (Legal) _____	Department: _____
Last Name: (Legal) _____	Title: _____
WIN #: _____	Office Location: _____
Home Site: _____	Office Phone #: _____

<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____
Color: _____	Color: _____	Color: _____
License Plate: _____	License Plate: _____	License Plate: _____
State Issued: _____	State Issued: _____	State Issued: _____

Section 2: ASSIGNMENT INFORMATION (All fields must be completed by Employee's supervisor)

A Move request must be submitted for a new employees. <http://sitesvcs.merck.com/move-ws/index.html>

General Site Access Requested

(For restricted access contact local site security)

General Office Sites

Upper Gwynedd	Branchburg
Church Road	Whitehouse Station West
Boston / Cambridge	S. San Francisco

☐ Other: _____

GMP Sites

(Additional site specific training may be required)

Kenilworth
 Rahway
 West Point
 North Wales

Supervisor Name: *(Please print)* _____ Phone#: _____

Supervisor Signature: _____

By signing this form, the Supervisor has verified that the information provided in Sections 1&2 is accurate.

Submit to Home Site:	Contact: RUTH.THOMAS@MERCK.COM	Contact: UGBADGING@MERCK.COM	Contact: BADGES_WP@MERCK.COM
Contact: ANDREA.PUMA@MERCK.COM	Contact: DEMETRIA.LIGHTFOOT@MERCK.COM Or IRIS.MCCALL@MERCK.COM	Contact: WILLIAM.PETERS@MERCK.COM	Contact: MICHAELLE.DEAN@MERCK.COM
	Contact: STEVEN.PANGELINAN@MERCK.COM		

Section 3: SECURITY VERIFICATIONS (All fields must be completed by Security)

Photo ID verified by: _____ Badge # issued: _____ Date: _____

Section 4: TERMS AND AGREEMENT (To be read and signed by the Employee at time of receiving ID Badge)

I agree by signing this document that all information on this form is accurate to the best of my knowledge and I understand that I can be restricted from access to Merck Facilities for providing false information. I also acknowledge that I have read, understand and will comply with the Terms and Agreements outlined in Section 5 of this document (see page 2).

Signature: _____ Date: _____

Section 5: TERMS AND AGREEMENT (Continued)

While working at a Merck Facility, I agree to the following:

1. I have received Merck Site Orientation and understand my responsibilities for working safely & following Merck policies and procedures.
2. I have had the opportunity to ask questions about anything I did not understand during training.
3. I agree to perform my job in accordance with all Merck, OSHA, Federal/State, and other applicable laws and safety requirements.
4. I understand that my employer and I are responsible for providing all personal protective equipment to perform my job safely.
5. I understand that my badge is for my personal use only. My badge will never be used to provide access for another person.
6. **I understand that if my Merck Photo ID Badge is lost/stolen, I must report it immediately to my Supervisor and Site Security.**
7. I understand that my Merck Photo ID Badge must be visible and displayed when on Merck property at all times.
8. I understand that this Merck Photo ID Badge must be surrendered to Site Security at the end of my assignment or upon request.
9. I understand that if I violate any of Merck's policies\procedures my Merck Photo ID Badge will be confiscated and my site access terminated.
10. I understand that all emergencies, accidents or injuries occurring on a Merck site must be reported immediately by using *999 from any Merck landline