

## 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. Ink signatures are acceptable as well.

### 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: _____
Email: _____	Home Site: _____
WIN# _____	ISID: _____

<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.** <https://collaboration.merck.com/sites/movedesk>

#### General Site Access Requested

(For restricted access contact local site security)

#### General Office Sites

Upper Gwynedd	Branchburg
Boston / Cambridge	S. San Francisco

#### GMP Sites

(Additional site specific training may be required)

Kenilworth	West Point
Rahway	North Wales

☐ Other: \_\_\_\_\_

Supervisor Name: *(Please print)* \_\_\_\_\_ Phone#: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**By signing this form(in ink or electronically), the Supervisor has verified that the information provided in Sections 1&2 is accurate.**

Submit to <div style="text-align: right; font-size: small;">Contact: RUTH.THOMAS@MERCK.COM</div>	<div style="text-align: right; font-size: small;">Contact: UGBADGING@MERCK.COM</div>	<div style="text-align: right; font-size: small;">Contact: BADGES_WP@MERCK.COM</div>
Home Site: <div style="text-align: right; font-size: small;">Contact: DEMETRIA.LIGHTFOOT@MERCK.COM IRIS.MCCALL@MERCK.COM</div>	<div style="text-align: right; font-size: small;">Contact: ANDREA.PUMA@MERCK.COM FRANK.KURCIN@MERCK.COM</div>	<div style="text-align: right; font-size: small;">Contact: MICHAELLE.DEAN@MERCK.COM VANESSA.BRAVO@MERCK.COM</div>

### 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: Must be signed in presence of security 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