



## Merck Employee Badge Request form

**Instructions:** For New and Renewal 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 Sync or Site Security web pages for badging instructions. Email buttons for submission are at the bottom of section 2

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

Request Type:	<input type="checkbox"/> New	<input type="checkbox"/> Additional Site Access	<input type="checkbox"/> Reprint (New photo required every 2 years)
			<input type="checkbox"/> Lost <input type="checkbox"/> Broken <input type="checkbox"/> 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 #:	_____

Vehicle #1		Vehicle #2		Vehicle #3	
Make:	_____	Make:	_____	Make:	_____
Model:	_____	Model:	_____	Model:	_____
Color:	_____	Color:	_____	Color:	_____
License Plate:	_____	License Plate:	_____	License Plate:	_____

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

A Move request must be submitted for a new employee prior to receiving an ID badge. Go to: <http://sitesvcs.merck.com/move-ws>

Move Request #: R- \_\_\_\_\_

#### Site Access Requested

##### General Office Sites

- |   |  |
|---|--|
| <input type="checkbox"/> Upper Gwynedd      | <input type="checkbox"/> Whitehouse Station West |
| <input type="checkbox"/> North Wales        | <input type="checkbox"/> Palo Alto               |
| <input type="checkbox"/> Boston / Cambridge | <input type="checkbox"/> S. San Francisco        |
| <input type="checkbox"/> Branchburg         |  |

##### GMP Sites

(Additional site specific training may be required)

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Kenilworth |
| <input type="checkbox"/> Rahway     |
| <input type="checkbox"/> West Point |

☐ Other: \_\_\_\_\_

Supervisor 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:

**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)**

**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 and following Merck policies and procedures.
2. I have had the opportunity to ask questions about anything I did not understand with my Merck Business Sponsor.
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 Merck Business Sponsor 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 completion of my assignment at Merck or upon request.
9. I understand that if I violate any of Merck's policies or procedures, including the Drug & Alcohol Free workplace, my Merck Photo ID Badge will be confiscated and my site access privileges terminated.
10. I understand that all emergencies, accidents or injuries occurring on a Merck site or vehicle must be reported to site emergency response (\*999 from a Merck landline) and my Merck business sponsor must be notified as soon as practical.

**I agree that all information on this form is accurate to the best of my knowledge and understand that I can be restricted from access to Merck Facilities for providing false information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_