

**University of Pennsylvania, Environmental Health & Radiation Safety Office
3160 Chestnut Street, Suite 400, Philadelphia, PA 19104-6287
Badge Assignment Change Form**

DEPARTMENT: _____ GROUP CODE: _____

DEPARTMENT ADDRESS: _____ MAIL CODE: _____

DEPARTMENT PHONE NUMBER: _____ DEPARTMENT FAX NUMBER: _____

NAME OF LICENSEE OR SUPERVISING CLINICIAN: _____

Employee's Full Name	Social Security Number	Participant Number	Action Code *	Badge Type	Effective Date

*ACTION CODES:
 ADD - add a badge to an individual's badge assignment
 DEL - delete a badge from an individual's badge assignment (the individual will still wear one or more badges)
 REPL - replace a lost or missing badge
 INA - inactivate an individual from the personnel dosimetry system until further notice (the bottom portion of this form must be completed)
 TER - terminate an individual from the personnel dosimetry system (the bottom portion of this form must be completed)

Signature _____ Title _____ Date _____

HOME ADDRESSES OF TERMINATED AND INACTIVATED PERSONNEL

Employee's Full Name	Home Street Address	City, State, Zip