



Application for Employee/Vendor Photo Identification Card

Reset

44 Holland Avenue

This Form Must Be Signed by Employee. This Form Must Be Kept On File Within The Requesting Agency. A Copy of New York State (NYS) Department of Motor Vehicles (DMV) ID Must Be Attached.

Check box that applies:	ID Only	ID & Parking		
Other location:	Utica Patient Resource	Long Island Field Office	Other: _____	
Type of ID:	Employee	RFMH	Student/Intern	Vendor/Contractor*
New				
Access Level Update				
Replacement				
Lost/Stolen (Replacement fee may apply)				
Broken/Damaged				
Name Change				
Correct/New Name: _____				
				For Official Use Only
				Employee N#: _____
				Parking Permit#: _____
				Amount Paid: _____
				Date Paid: _____
				Check#: _____
				Money Order#: _____

Building access is granted to staff whose official station is 44 Holland Avenue, Senior staff members whose official job duties require frequent (weekly) access to 44 Holland Avenue, or staff members whose official job duties require emergency access to 44 Holland Avenue. All others requiring access must sign in as visitors with security located at the main entrance.

Employee/Vendor/Consultant/Student Intern

Name exactly as shown on NYS Driver's License/Non-Driver ID:		DMV ID Number:
Agency Name/Code: OMH Central Office/50000	Work Location (Bldg/Address): 44 Holland Avenue	Access Requested(Bldg/Access/level): 44 Holland Avenue
Supervisor/Agency Contact Name:		Bureau/Office:

Staff are granted daytime swipe access from 6:00 a.m. to 6:00 p.m. Monday – Friday. Additional access is only issued for an employee with an after-hours work schedule or if required to perform assigned job duties. Staff requesting additional access must complete the justification below, specifying the access requested and detailing the reason the access is necessary.

****Division Director Approval Required for Additional Access Only****

Additional Access Requested:	Justification:
Weekend/Holidays 5am-10pm	
Other _____	
Division Director:	Division Director Signature:

***Additional Vendor/Consultant Information**

Company Name:	Sponsoring Division:
Contract Number:	Contract Expiration Date:

Signature Certification: I give my consent to have the Department of Motor Vehicles provide my digitalized photograph, DMV ID# and signature to the Office for General Services to identify me as an employee or vendor/consultant of New York State. I understand the card will present only my photo and signature and will not display my driver ID number.

Signature: _____ **Date:** _____

Return completed form and a photocopy of the employee's NYS Driver's License to Central Office Personnel Services, 44 Holland Avenue, Albany, New York 12229