

EGL Form Instructions

Before a new VCU Health email account can be setup, the user needs to be added to the VCU Health HR database. The EGL form below is used to do this. Please follow the instructions below to complete the EGL form. Please email SOMSecurity@vcuhealth.org with any questions concerning this process.

NOTE: If the user will be involved in Clinical Research then please do not submit an EGL form and instead, contact Joan Greer (joan.greer@vcuhealth.org) for further instructions.

When filling out this form note the following:

- Print the form out and fill it out with a pen.
- For section A, select "New"
- For section B, select "VCU Employee no direct patient care" and select "No" for LCR. Leave the rest blank.
- For section C, be sure to select the assignment start date.
- For section D, if a user does not have an SSN for section D, write in "non-resident alien".
- For section E, completely fill out this section. Usually this will be the driver's license and driver's license number.
- For section F, completely fill out this section. This is the person who will be contacted with the VCU Health employee number once the account has been set up.
- For section G, mark "No" for both of the questions.
- For section H, use these values:
 - School of Medicine
 - Enter your department accounting unit. If you are unsure of what it is, you can use 82801
 - VCUHS Supervisor Name: Supervisor's name (supervisor must have a vcuhealth.org account already)
 - Leave the rest blank.
- After it is filled out, please scan the document and email it to VCU Health HR at HR4U@vcuhealth.org.

**VCU HEALTH EMPLOYER GUEST INFORMATION (EGI) PLEASE PRINT LEGIBLY**

Please complete, scan & email this document to VCU Health HR at HR4U@vcuhealth.org.

Section A. Reason for Submission: ☐ New ☐ Change(s) ☐ Renewal ☐ Separation ☐ Card Replacement**Section B. Position and Licensure, Certification, Registration (LCR), Category Information:** Check those that apply

Reason for association with VCUHS: ☐ Aramark/contract Association ☐ Cashier ☐ Corrections Officer ☐ EVS Associate
☐ Guest Observer ☐ Physician ☐ Student ☐ VCU Employee no direct patient care ☐ VCU Employee with patient interaction
☐ VA Premier ☐ Volunteer ☐ Other: _____ Title: _____

Employer Guest Title: _____ Manager Name: _____

Is LCR required for this position? ☐ Yes ☐ No If yes, LCR# _____ LCR issue date: _____

LCR issuing body name: _____ Professional Credentials: _____

Employer Guest Category Definitions: Circle A, B, C or D and complete Section A, B, C or D on page 2

The Employer Guest will be in public areas only, no exposure or access to Protected Health Information (PHI) A. See page 2, Sect A

The Employer Guest will have limited access to patient care areas; potential or incidental patient care contact and/or access to PHI and escorted at all times. B. See page 2, Sect B

The Employer Guest will have access to patient care areas that may include participation in direct patient care and/or access to sterile procedural areas including planned access to PHI, escort and direct supervision required C. See page 2, Sect C

The employer guest has access to patient care areas and may include participation in direct patient care and/or access to sterile procedural areas including planned access to PHI, escort not required D. See page 3, Sect D

Section C. Assignment/Separation Dates:Assignment Start Date: _____ Permanent Position? ☐ Yes ☐ No Separation Date: _____

Alternate Separation Date: _____

Authorization for access to VCUHS will automatically end one year from start date unless alternate separation date is identified above.

Section D. Individual Data: ☐ Female ☐ Male ☐ Has guest had a badge previously?Name: _____
First Middle Initial Last

Social Security: _____ Birth Date: _____

Home Address: _____
Street, Apt.# or P.O. Box City State Zip

Personal Phone #: _____ Email address: _____ VCUHS Work Phone #: _____

Section E. Identification Validation: (See Section K for List of unexpired acceptable documents for identification validation)Document Type: ☐ Passport ☐ Driver's License ☐ Student ID ☐ Other: _____

Document # _____ State from which issued if applicable

Section F. Agency/Contractor/Employer/School/Affiliation information:

Agency/Contractor/Employer/School/Affiliation Name: _____

Agency/Contractor/Employer/School/Affiliation Contact Name: _____

Agency/Contractor/Employer/School/Affiliation Contact Phone #: _____

Section G. Worksite Location and access to facility and computer systems:Worksite location: ☐ VCUHS Campus ☐ VCUHS Satellite Location ☐ Off-Site @ Co. Office ☐ Other: _____Is a VCUHS ID Card required? ☐ Yes ☐ No Is computer access required? ☐ Yes ☐ No

Where to pick-up ID: VCUCARD Office is on the MCV Campus @ Sanger Hall
1101 East Marshall St, Room B1-018
Phone: 804-628-CARD (2273) **Fax:** 804-828-8854
Hours: Monday - Friday 8:00 am - 4:30 pm

Section H. VCUHS Sponsoring Department Data:

Sponsoring Department Name: _____ Department Accounting Unit #: _____

VCUHS Supervisor Name: _____ Supervisor Phone #: _____

VCUHS Dept. Director/Mgr: approval _____ Approved Requisition #: _____

Processed by: (for HR) _____ ID # _____ Job Class Code _____ Date Processed _____