



INDIANA UNIVERSITY

PUBLIC SAFETY
Environmental Health and Safety

EMPLOYEE STATUS CHANGE



This form should be completed for all individuals who have left the department or laboratory, are no longer working with radiation/radioactive material, no longer require personnel monitoring, or have had a name change. Submit to the Radiation Safety Office In Gatch Hall, Room 159 or by fax to 317-274-2332, or email at RADSAFE@iu.edu.

Name: _____ Dept. _____

Permit Holder : _____ Badge Contact Person: _____

Individual Requesting Change: _____

Campus Phone: _____ Email: _____

Please check all the boxes below that apply:

GENERAL CHANGE:

Please change the name in all pertinent records to: _____

PERMIT CHANGES:

- This permit has been cancelled.
- This person is no longer utilizing radioactive material in this laboratory.

BADGE CHANGES:

- This person is no longer working at this campus or hospital.
- This person has left the department but is still working on this campus or hospital.
- This person no longer requires badging but should remain on the Radionuclide Use Permit.
- This person is no longer working with machine-producing radiation.

Requestor's Signature: _____ Date: _____

FOR OFFICE USE ONLY

A-3 Computer: _____

A-3 File: _____

A-5 Computer: _____

A-5 File: _____