



Wellness Access Form

Please fill out all employee information and have the Authorized signatory for the company verify and sign the document. Allow one to three (1-3) business days for processing. Once the form has been processed, the employee will receive an email confirming access to get down to the wellness center. Access will be granted for one year once approved.

This form needs to be filled out annually for continued access.

EMPLOYEE INFORMATION

First and Last Name (legal) and Employee ID number: _____

Previous SIDA Badge or PIN holder? _____ Email _____

Phone Number: _____

Please create a six (6) digit PIN. The PIN can NOT start with a "0": _____

COMPANY INFORMATION

Company Name: _____ Department: _____

Authorized Signatory Name: _____

Authorized Signatory Email: _____ Phone Number: _____

Authorized Signatory Signature: _____ Date: _____

FORM VALID FOR 30 DAYS AFTER SIGNED AND DATED

COMPLETED FORM CAN BE SCANNED TO Security.Access@flydenver.com OR TURNED IN TO EITHER BADGING OFFICE

03/28/2023