

ID Badge Information Form

ID Badge Information Form

Please Print Clearly:

First Name: _____

Last Name: _____

Department: _____

Employee ID Number: _____

Issue Type: ___ New ___ Replacement ___ Special

** A \$5 replacement fee will be assessed for all lost cards.

Date: _____

Signature of Employee: _____

Department Head: _____

EMA USE:

Picture Taken: _____ Badge Issued: _____

** A copy of this form will be kept with Employee file and department employee file.