



REQUEST FOR EMPLOYEE IDENTIFICATION BADGE

(PRINT) NAME OF EMPLOYEE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

TYPE OF BADGE (CHECK ONE):

1. _____ Card reader (Facility door access)
2. _____ Non- reader type (No door access)

JOB TITLE: _____

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

***** Please note that if badge is stolen, or lost it is your responsibility to notify the Human Resources Coordinator immediately. There will be fees assessed to replacements if lost or stolen. It is your responsibility to return the badge upon employment separation.**