

Employee ID Badge Replacement Form

Date: _____

Replacement ID badges will be issued at the expense of the employee at \$5.00 per badge.

Employee: _____ **ID#** _____
(Print Name)

Department: Maintenance Transit Services Staff

Reason: Lost Damaged – Returned badges will not incur a charge.

Fee: Paid **Amount \$** _____

Paid By Cash Payroll deduction

Account: 100-000-407-99-01

Tap Sticker **New #** 0170-_____

Key Management/PCIT & Vending Machines System: **New #** 1963_____

Employee Signature

Received Signature (Supervisor/Dispatch/Employee)

Key Management # Changed Signature (Maintenance Administrator)

Vending Machines # Changed Signature (Warehouse)

Human Resources Signature