

CCS STAFF PHOTO ID BADGE REPLACEMENT REQUEST FORM

Please complete Sections I, and II. Return this form to Human Resources, Photo Identification, CEC, Room 102, or fax to 365-8332. For questions please call the Photo ID office at 365-8341

Your Location: _____ Work Phone No. _____

Please provide the following information as currently on the card:

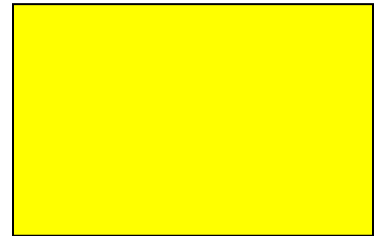
NAME: _____ ID# _____

JOB TITLE _____

SECTION I

Reason for Request for Replacement of Photo ID Badge:

- Lost
- Broken (attach the current card)
- Name change (attach the current card) – see section II



SECTION II

If there is a name change, please provide the additional information below:

NAME: _____

DATE HR WAS NOTIFIED OF UPDATED INFORMATION _____

Type of Link:

Custom Badge Reel (white with CCS logo) \$2.00 _____

Plain Lanyard _____ White wrist coil w/vinyl strap _____ Shirt clip _____

REQUIRED AUTHORIZATION

Administrator's Signature

Date

Revised 9/29/14