



BADGE REPLACEMENT REQUEST & PAYMENT AUTHORIZATION FORM

Please email this completed form to Benefits@ccisd.net or call 281-284-0230 with questions.

Name: _____

Department/Campus _____

Employee ID # _____

Email: _____

Phone: _____

With this request for a replacement badge, I authorize the Business Services Department to initiate a ONE-TIME deduction from my next paycheck to cover the cost of the replacement badge and any additional items I selected below.

SIGNATURE: _____

IN PAYMENT FOR (Check applicable boxes):	AMOUNT:
<input type="checkbox"/> Badge Replacement Fee - Full time or Part time	\$ <u>8.00</u>
<input type="checkbox"/> Badge Replacement Fee - Substitutes	\$ <u>2.00</u>
<input type="checkbox"/> Plastic Protective Badge Cover	\$ <u>2.00</u>
<input type="checkbox"/> Basic lanyard (blue or black)	\$ <u>1.00</u>
<input type="checkbox"/> Retractable zip cord badge clip	\$ <u>2.00</u>
TOTAL	<input style="width: 80px; height: 20px;" type="text"/>

***** Business Services Department Use Only *****		
<input type="checkbox"/> Badge Created	Date:	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Badge Mailed/Delivered/Picked Up	Date:	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Badge Fee entered in eFinance	Date:	<input style="width: 90%;" type="text"/>