



## BADGE REPLACEMENT REQUEST & PAYMENT AUTHORIZATION FORM

**BEFORE SUBMITTING THIS FORM -**

**Please submit a TOPDESK TICKET for troubleshooting if your badge is in good condition but not working.**

If your badge is deemed faulty or you need a replacement, please select from the items below and return the completed form by email to **Benefits@ccisd.net**. A new badge will be sent through interoffice mail.

**TYPE OF REPLACEMENT:**

- Lost/Stolen Badge **\$8.00**
- Badge not working due to age or damage. **No Charge.**

**Name:** \_\_\_\_\_

**Department/Campus** \_\_\_\_\_

**Employee ID #** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

With this request for a replacement badge due to it being lost/stolen, 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):**

<input type="checkbox"/> Damaged badge/Inoperable	<b>AMOUNT:</b> <u>No Charge</u>
<input type="checkbox"/> Lost/Stolen Badge Replacement Fee - FT or PT	<u>\$ 8.00</u>
<input type="checkbox"/> Lost/Stolen Badge Replacement Fee - Substitutes	<u>\$ 2.00</u>
<input type="checkbox"/> Hard Plastic Badge Cover w/ Extractor Slide	<u>\$ 2.00</u>
<input type="checkbox"/> Basic lanyard	<u>\$ 1.00</u>
<input type="checkbox"/> Retractable zip cord badge clip	<u>\$ 2.00</u>

**TOTAL**

<b>***** Business Services Department Use Only *****</b>		
<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"/>