

BADGE REPLACEMENT REQUEST FORM

Email the form and a photo (plain background: no hats, no sunglasses) to Stockwell.Marina@cusd80.com or interoffice request form to: Marina Stockwell-HR at the District Office.

DATE: _____

_____ SUPPORT STAFF _____ CERTIFIED STAFF _____ OTHER

EMPLOYEE NAME: _____ SITE: _____

EMPLOYEE ID #: _____

REASON FOR REQUEST (check all that apply):

___ LOST (Replacement fee \$5 taken out in payroll)

___ DAMAGED/OLD BADGE (*You must return old or damaged badge to waive replacement fee*)

___ LEGAL NAME CHANGE (*Please have documents to show name change*)

Current/Old Name: _____

New Name: _____

I understand a \$5.00 replacement fee will be deducted from my pay, unless I have returned the damaged badge or have had a legal name change.

Employee Signature

Date

(This form is on the CUSD website. Click on Human Resources>Current Employees. Sign in with Username & Password. Click on Support Staff Menu>Forms>Miscellaneous Forms>Badge Replacement Request Form.)

----- SECTION BELOW TO BE COMPLETED BY HR-----

Request was Processed by: _____ Date: _____

Apply \$5 Fee: YES _____ NO _____

\$5 Fee Payroll Deduction Processed by: _____ Date: _____