

**Replacement Request
IDENTIFICATION BADGE REQUEST**

Name: _____ Date: _____
Department: _____ Position: _____
Employee Email: _____ Telephone #: _____

Reason for Badge Replacement:

_____ Lost/Misplaced
_____ Stolen (Police report available? Y or N)
_____ Damaged (please include damaged ID with request)

Employee Signature: _____

Supervisor Name (Print): _____

Supervisor Signature: _____

Drop off this form to the Human Resources Department. You will be notified (via email or phone) when your Badge is ready. Please note: More than two (2) instances of misplaced or lost cards may result in an assessment of fees. Contact Karen Waitz via email at kwaitz@washtenawisd.org or phone at (734)994-8100 ext. 1312 if you have questions.

Executive Director, HR & Legal Services: Cassandra D. Harmon-Higgins, Esq.

Approval Signature: _____
(Executive Director, HR & Legal Services or HR Supervisor)

Badge Number Issued: _____ Date: _____

Badge Issued By: _____

Thank you for your cooperation.