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KATHERINE M.P. ADA
PERSONNEL SERVICES ADMINISTRATOR

ID BADGE REQUEST FORM

Date: _____

Please Check One:

NEW ☐

REPLACEMENT ☐

CHANGE OF POSITION TITLE ☐

CHANGE OF NAME ☐

2 Passport Photos

Please provide 2
DIGITAL Passport size
Photos.

Email them to: _____

DOE identification Badge **MUST BE SURRENDERED** to the Human Resources Division upon separation from employment with DOE. Lost/Stolen ID Badges will be subject to the \$15.00 fee for replacement

PLEASE PRINT THE INFORMATION BELOW:

NAME: _____ Official DOE Title: _____

EIN#: _____ DOB: _____ HIRE DATE: _____

SCHOOL/DIVISION: _____

Signature: _____

Contact No.: _____

Date: _____

Processed by HR Staff: _____ Date: _____

ID Badge Released: _____ Date: _____

ID Badge Received by: _____ Date: _____