CANUTILLO INDEPENDENT SCHOOL DISTRICT

ID Badge Replacement Request

To Be Completed By Employee

Employee Name:	Location:
Employee ID#:	Position Held:
District e-mail:	
Reason for new badge request:	
Signature:	
To Be Completed By HR Staff	
HR Member Processing Request:	Non-working Badge Verified:
New Badge ID Number:	Date:
To Be Completed By HR Staff Issuing	Badge
BADGES ARE ISSU	JED BY APPOINTMENT ONLY
Please make checks payable to 0	e replacement fee is \$15.00 CISD and provide a valid ID at time of payment. OR a payment in the exact amount.
Trovide a cash	payment in the chact amount
Old Badge Collected? HR Staff Members	ber Completing Request:
New ID Badge Number Entered in Badge System:	Date:
Action Taken: Reprint Reissue	
Comments:	
Badge Received By:	
Employee Signature:	Date:

DATE REVISED: 04-01-2009