

BOARD OF EDUCATION OF WICOMICO COUNTY

REQUEST FOR NEW ID BADGE

Please reissue a new ID Badge for the following employee.

EMPLOYEE NAME: _____ EMPLOYEE NO. _____

WORK LOCATION: _____

The badge is requested for the following reason:

- Misplaced
- Destroyed/Separating/Scratched
- Other _____

I authorize that \$5.00 be deducted from my next pay to cover the cost of the replacement badge.

Signature of Employee

Date

****Send completed forms to the Human Resource Department****

FOR HUMAN RESOURCE USE ONLY:

FOR PAYROLL DEPARTMENT USE ONLY:

Date processed: _____

Date processed: _____

Processed by: _____

Processed by: _____