

REQUEST FOR BUILDING ID BADGE

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New Badge	Replacement Badge Reason for replacement Badge Lost Stolen Broken Malfunction <i>Note: Bring broken/malfunctioning badge with request</i>
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EMPLOYEE INFORMATION

First Name:	MI:	Last Name:
Employee ID #:	Work Phone:	Assigned Floor
Agency/Department	Division/Section	

Employee Signature:	Date: / /
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AFTER HOURS ACCESS AUTHORIZATION

After Hours Access Circle One	No Yes	Floor(s):
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AGENCY DESIGNEE APPROVAL AND SIGNATURE

Supervisor's Name:	Supervisor's Work #:
Supervisor's Signature:	Date: / /

THIS SECTION TO BE COMPLETED BY DAS OFFICE OF PROPERTIES AND FACILITIES

Building Name:	
Employee ID Number:	
Access Card Number:	
Entered By:	Date: / /
Issued By:	Date: / /