



MILFORD PUBLIC SCHOOLS

70 West River Street ♦ Milford, CT 06460

Employee Identification Badge Request Form

Name _____

Date _____

Department _____

Job Title _____

Status (FT, PT, Temp) _____

Date of Hire _____

Type of card:

- New
- Replacement

Reason for replacement:

- Lost/Stolen/Damaged
 - Department change
 - Job title change
 - Name change
 - Wear and tear
-

I am aware that replacement of a lost, stolen or damaged ID is subject to a fee of \$20. Any replacement due to wear and tear, job title change, and department change and name change will not be assessed a fee. Upon termination, retirement or suspension from work, all IDs must be turned into your supervisor/designee. The Employee Identification Badge procedure (PER-P012), which includes the responsibilities of card holders, can be found on the Milford Public Schools website www.milforded.org in the Procedures and Forms section as well as obtained from the Human Resources Department.

Signature _____ Date _____

All checks/money orders are to be made payable to **Milford Public Schools**.

Payment received:

- Check
- Money Order

Date: _____