

ID BADGE ACCESS and ACKNOWLEDGEMENT FORM

(Employee)		
Name:	Department:	Badge #:
Date of Birth:	Job Title:	
Phone #:		
(Police and Fire Only)		
Rank:	Division (Uniformed Personnel):	Division (Civilian only):
	Administration/Detective/Uniform	Administrative or Records
(Planning and Zoning Only)		
License#:	Vendor's Name:	Begin date:
Organization (Name of Co.):	Vendor's Phone Number:	End date:
(Human Resources Only)		
Date of Hire:	Appointment date with HR:	Date Form Forwarded to IT:
		Date Badge Made/Initials:

Type of Badge

1. CIVILIAN EMPLOYEE	2. FIRE DEPARTMENT	3. NO PHOTO ID	4. MAYOR
5. POLICE (CIVILIAN)	6. POLICE	7. VENDOR	
Person Requesting Badge: HUMAN RESOURCES	Reason: New Other:	Contact/Telephone#: 812-280-3253	



In consideration for being issued an identification card, I confirm the above information is accurate and acknowledge I understand the following:

1. Upon termination of employment identification badges must be returned to the HR Department on or before my last day of employment.
2. I understand City identification cards may not be duplicated.

Employee Signature: _____ Date: _____