



# CLAYTON COUNTY PUBLIC SCHOOLS

## Division of School Improvement

1058 Fifth Avenue • Jonesboro, GA 30236 • (770) 473-2700

Dr. Morcease J. Beasley  
Superintendent of Schools

### Maintenance Department Access/ID Badge Issued/Agreement Form

LOCATION/SCHOOL: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_  
[Primary Location] [Six digit number] or [End of Contract Date]  
NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
[Print First & Last Name] [MM/DD/YYYY]

PLEASE **CHECK ONE** BADGE TYPE:

- New Badge
- Replacement Badge
- Damaged Badge
- Stolen Badge

<b>OFFICE USE ONLY:</b>	
Paid: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Neglect: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Police Report #:	Agency:

PLEASE **CHECK ONE** POSITION OR LOCATION BELOW:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrator               | <input type="checkbox"/> Homeless Ed            | <input type="checkbox"/> Pre-K Development |
| <input type="checkbox"/> Teacher or Paraprofessional | <input type="checkbox"/> Int'l Center           | <input type="checkbox"/> Safety & Security |
| <input type="checkbox"/> School Staff                | <input type="checkbox"/> Maintenance            | <input type="checkbox"/> Technology        |
| <input type="checkbox"/> Central Office              | <input type="checkbox"/> Performing Arts Center | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Contract Worker             | <input type="checkbox"/> Prof. Learning Center  |  |

**I ACKNOWLEDGE I AM BEING ISSUED AN ID BADGE THAT WILL BE IN MY POSSESSION FOR USE AT AND AWAY FROM WORK.**

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ID BADGE ISSUED TO ME AND THAT I WILL BE RESPONSIBLE IN PREVENTING LOSS OR DAMAGE TO THE BADGE. DO NOT LEAVE IN DIRECT SUNLIGHT OR HEAT.

**BY SIGNING THIS FORM I ACKNOWLEDGE THE FOLLOWING:**

- The ID Badge should be **visible and worn to work every day.**
- In the event that my ID Badge is **damaged, lost or stolen**, I will immediately notify my administration who will notify the Electronics Maintenance Department at 770-473-2825.
- There is a **\$25.00 replacement fee (cashier's check, school check, or postal money order only)** for all ID Badges that are damaged, lost or stolen that I am responsible to pay as a result of my intentional act, neglect, or abuse of the badge issued to me.
- The ID Badge will be turned in to an Administrator at your location **immediately upon the termination of employment, or at any time as specifically directed by the district authority.**

**BY SIGNING BELOW I AGREE TO THE ABOVE TERMS AND CONDITIONS OF THIS DOCUMENT. I ALSO AGREE TO FULLY COOPERATE WITH THE PROPERTY LOSS REPORTING REQUIREMENTS AND ANY INCIDENT TO ALL INVESTIGATIONS TO THE ID BADGE ISSUED TO ME ON THIS DAY.**

**I HAVE THOROUGHLY READ AND UNDERSTAND THE ABOVE INFORMATION.**

EMPLOYEE SIGNATURE: \_\_\_\_\_

**ADMINISTRATORS ONLY:** PLEASE SIGN AND PRINT NAME BELOW. ANY PORTION FILLED OUT INCORRECTLY WILL BE RETURNED VIA MAIL COURIER.

ADMINISTRATION SIGNATURE: \_\_\_\_\_ NAME: \_\_\_\_\_  
[PLEASE PRINT]

OFFICE USE ONLY: Complete:  Yes /  No Date: / /  
Hotstamp ID #: ID handed to employee:  Yes /  No Inner office mailed to: