



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

OFFICE USE ONLY:	
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: