

Clayton County Public Schools

Division of Administrative Services & Strategic Improvement

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

DR. ANTHONY W. SMITH Superintendent/CEO of Schools

DR. RALPH SIMPSON

Deputy Superintendent of Administrative Services & Strategic Improvement

<u>Facilities Services Department</u> <u>Access/ID Badge Agreement Form</u>

LOCATION/SCHOOL:		EMPLOYEE #: [Six digit number] or [End of Contract Date]			
LOCATION/SCHOOL:[Primary	Location]	on] [Six digit number] or		t number] or [End of Contract Date]	
NAME		DATE			
[Print First & Last Name]			E [MM/DD/YYYY]		
PLEASE CHECK ONE BADGE TYPE	<u>:</u>		OF	FICE USE ONLY:	
 New Badge Replacement Badge Damaged Badge Stolen Badge 		N F	Neglect: Yes Police Repor	o (circle one) /No (circle one) rt #:	
PLEASE CHECK ONE POSITION OR	LOCATION BE	ELOW:			
☐ Administrator ☐ Teacher or Paraprofessional ☐ School Staff ☐ Central Office ☐ Contract Worker I acknowledge: ■ The ID Badge should be worn and • The badge is not to be left in direct ■ In the event the badge is damaged, Electronics Department at (770) 4 ■ Payments for badges that are damaged, County Public Schools" at "1058 Fi	☐ Homeless E☐ Int'l Center☐ Facilities Se☐ Performing☐ Prof. Learni visible at all times sunlight or heat. lost, or stolen, I w 73-2825. aged, lost, or stoler fth Avenue, Jonesh supervisor or CCF ation of my employed.	ervices Arts Center ing Center while at work fill immediate are \$25.00. boro, GA" are PS Facilities S yment with C	k. Checks and m the only acceptorices Depart CCPS.	tment immediately when directed by	
to lost or stolen badges.					
EMPLOYEE SIGNATURE:					
ADMINISTRATION SIGNATURE:			NAME:	(Print)	
OFFICE USE ONLY: Hotstamp ID#:	ID handed	to employee:		omplete: Yes/ No Date: r-Office mailed to:	
Receipted by and date:	I	Receipt # an	d amount:		

Revised 11/23