



**CHARLES COUNTY PUBLIC SCHOOLS
OFFICE OF SCHOOL SAFETY & SECURITY**

**EMPLOYEE IDENTIFICATION BADGE
REPLACEMENT REQUEST**

NAME _____ EMPID # _____

TITLE _____ LOCATION _____

Reason for Replacement Request:

☐ **Lost Badge –**

** notify Office of School Safety and Security immediately **
\$5.00 replacement fee

☐ **Broken/Damaged Badge –** original badge returned

original badge must be returned to Office of School Safety and Security
no replacement fee

☐ **Broken/Damaged Badge –** original badge NOT returned

\$5.00 replacement fee

Requested Method of Delivery (please check one):

☐ **Pick up from Office of School Safety & Security**

☐ **Pony to location noted above**

I hereby authorize Charles County Public Schools (CCPS) to deduct the \$5.00 replacement fee, if applicable, from my next paycheck.

Employee Signature

Date

FOR OFFICE OF SCHOOL SAFETY & SECURITY USE ONLY

ORIGINAL BADGE RETURNED _____

REPLACEMENT BADGE ISSUED BY _____

REPLACEMENT BADGE ISSUE DATE _____