



Loss of Keys / Identification Badges (Updated 3/1/13)



IDENTIFICATON BADGE KEYS

Employee: (Please Print Legibly)

Date of Incident: _____ Department Name: _____
Employee Name: _____ Employee Phone #: _____
Supervisor Name: _____ Supervisor Phone #: _____

Explanation of Loss: (Please Print Legibly)

Four empty horizontal lines for providing an explanation of the loss.

Please check appropriate box and attach documentation

- Incident Report Completed Comm Center Notified _____ Date
- \$10.00 ID Badge Replacement
- \$10.00 per key replacement X No of Keys lost _____ = Amount Paid \$_____

Signature of Employee Date

Security Use Only

- Documentation Verified _____ Supervisor Signature/Date
- Information Sent Via Email to Electronic Security Technician

Director of Security Signature Approval Date