

## **ID Badge Request Form**

Please return to the Community Services Department ID Badge Request group at IDBadges@washoecounty.gov

| Date             | Department                                 |  |
|------------------|--|--|
| Phone #          | HR Representative                          |  |
|                  | Photo ID Badge Replacement                 |  |
| Name of Employee | Reason for Replacement                     |  |
| Phone #          | HR Representative                          |  |
| Access Needed    | Set up like                                |  |
| SAP Number       | (Name of fellow employee with same access) |  |

| Short Term (Non-Photo) ID Badges  |         |               |  |
|---|---------|---------------|--|
| Temporary   |         |               |  |
| # of Badges needed  | # range | Access needed |  |
| (Ex: department already has temporary badges 1 – 10, you now need badges 11-20) |         |               |  |
| Contractor  |         |               |  |
| # of Badges needed  | # range | Access needed |  |
| Visitor   |         |               |  |
| # of Badges needed  | # range | Access needed |  |
| Volunteer   |         |               |  |
| # of Badges needed  | # range | Access needed |  |