



Employee Identification (ID) Badge Request Form

Section I. To be completed by the employee. The Human Resources Department will contact the department designee when the new ID badge is completed.

Print or Type

Name: _____ MC Employee ID #: _____

Department Name: _____ Division: _____

Contact Phone Number: _____

Check appropriate reason for request:

- Name Change from: _____ Damaged Badge
- Transfer to: _____ Lost or Stolen Badge*
- Other: (Please state reason): _____

Section II. To be completed by the Department Head or Designee. Forward to Human Resources for processing:

Fax # 732-431-7924

Department Head or Designee Name: _____

Department Head or Designee Signature: _____

Does this employee require access to the fuel pumps? Yes No

Contact Phone number: _____

Section III. To be completed by the Employee at issuance of new ID badge.

I acknowledge that I have received a replacement badge, and if requested, a copy of the County of Monmouth Employee Identification (ID) Badge Policy.

Signature of Employee

Date ID badge issued