

**NEW EMPLOYEE
IDENTIFICATION BADGE REQUEST**

Name: _____

Date: _____

Department: _____

Position: _____

Location: _____

Employee Email: _____

Telephone #: _____

Employee Signature: _____

Supervisor Name (Print): _____

Supervisor Signature: _____

If you did not complete this form at the HR Intake and/or have your picture taken for the badge, complete this form and drop it off to the Human Resources Department. Contact Karen Waitz via email at kwaitz@washtenawisd.org or phone at (734)994-8100 ext. 1312 if you have questions. You will be notified (via email or phone) when your Badge is ready.

Executive Director, HR & Legal Services: Cassandra D. Harmon-Higgins, Esq.

Approval Signature: _____
(Executive Director, HR and Legal Services or HR Supervisor)

Badge Number Issued: _____ Date: _____

Badge Issued By: _____

Thank you for your cooperation.