



CLAYTON COUNTY PUBLIC SCHOOLS

1058 Fifth Avenue • Jonesboro, GA 30236 • (770) 473-2700

Dr. Anthony Smith
Interim Superintendent of
Schools

Facilities Services Department Access/ID Badge Agreement Form

LOCATION/SCHOOL: _____ **EMPLOYEE #:** _____

[Primary Location]

[Six digit number] or [End of Contract Date]

NAME: _____ **DATE:** _____

[Print First & Last Name]

[MM/DD/YYYY]

PLEASE CHECK ONE BADGE TYPE: _____

- New Badge
- Replacement Badge
- Damaged Badge
- Stolen Badge

OFFICE USE ONLY:

Paid: Yes / No
Neglect: Yes / No

Police Report #: _____ Agency: _____

PLEASE CHECK ONE POSITION OR LOCATION BELOW: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Homeless Ed | <input type="checkbox"/> Pre-K Development |
| <input type="checkbox"/> Teacher or Paraprofessional | <input type="checkbox"/> Int'l Center | <input type="checkbox"/> Safety & Security |
| <input type="checkbox"/> School Staff | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Central Office | <input type="checkbox"/> Performing Arts Center | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Contract Worker | <input type="checkbox"/> Prof. Learning Center | |

I acknowledge:

- The ID Badge should be worn and visible at all times while at work.
- The badge is not to be left in direct sunlight or heat.
- In the event the badge is damaged, lost, or stolen, I will immediately notify my supervisor who will notify the CCPS Electronics Department at 770-473-2825.
- Payments for badges that are damaged, lost, or stolen are \$25.00. Checks and money orders made payable to "Clayton County Public Schools" at "1058 Fifth Avenue, Jonesboro, GA" are the only acceptable forms of payment.
- The badge must be returned to my supervisor or CCPS Facilities Services Department immediately when directed by district authorities or upon termination of my employment with CCPS.

I have read and agree to the above terms and conditions. I agree to cooperate fully with any investigation(s) in reference to lost or stolen badges.

EMPLOYEE SIGNATURE: _____

ADMINISTRATION SIGNATURE: _____ **NAME:** _____
(Print)

OFFICE USE ONLY: Complete: Yes / No Date: / /
Hotstamp ID #: _____ ID handed to employee: Yes / No Inner office mailed to: _____

Received by and date: _____ **Receipt # and amount:** _____