

**NORTH EAST INDEPENDENT SCHOOL DISTRICT
PAYROLL DEPARTMENT
BADGE REPLACEMENT/RETURN FORM**

I, _____ authorize North East I.S.D. to deduct from my paycheck _____* to cover the cost to reissue my identification badge.

* \$8.00 - 1st replacement
\$15.00 - Subsequent replacement

Please provide requested information below for proper handling

Employee signature _____ Employee ID Number _____ Date _____

Campus/ Department _____

PONY ID BADGE TO _____

Campus/Department Secretary Name

THIS SECTION TO BE COMPLETED BY CAMPUS/DEPARTMENT STAFF

Please complete this portion when returning an ID badge to Payroll. Check the appropriate box below indicating the reason for the return of the ID badge.

Employee no longer with District or Assignment has been completed

Badge needs replacement (Payroll will use picture already on file)

Name Change (Employee must complete the on-line name change request available through the Employee Self Service web application before badge can be updated.)

New Name _____

Returning lost badge

Form completed by _____

Date: _____