



CITY OF BROOKSVILLE
Human Resources
Employee Identification Badge Request Form

Name _____ Date _____

Department: _____ Job Title _____

Employment Status (FT or PT) _____ Date of Hire _____

Type of card:

- New
- Replacement

Reason for replacement

- Lost/Stolen/Damaged
- Department change
- Job title change
- Name change
- Wear and tear

I am aware that replacement of a lost, stolen or damaged ID is subject to a fee of \$5. Any replacement due to wear and tear, job title change, department change and name change will not be assessed a fee. Upon termination, retirement or suspension, all IDs must be turned into your supervisor.

Signature _____ Date _____

All checks and money orders should be made payable to the City of Brooksville.

Payment received:

- Check
- Money Order
- Cash