



Employee Badge Request Form

Employee Information

Last Name _____ **First Name** _____

Address _____
Street Apt# City State Zip

Phone () _____ **Alternate Phone** () _____

Email _____

Social Security # _____ **Employee ID #** _____

Date Of Birth _____ **Sex** Male ☐ Female ☐

Job Title _____

Department _____

Reason

New Hire ☐

Job Title Change ☐

Damaged ☐

Lost ☐

Badge Agreement

1. Employee must wear Caribbean Collectibles Creations' Employee Badge while on the premises, or attending duties for Caribbean Collectibles Creations.
2. Employee must report lost or stolen Caribbean Collectibles Creations Employee Badge to Human Resources immediately.
3. Caribbean Collectibles Creations Employee badge must be surrendered to Human Resources on Termination of Employment.

Human Resources Department

Date: _____

Accepted by: Last Name _____ First Name _____

Signature _____