



## 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 \_\_\_\_\_