



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

- ☐ Employees must wear Caribbean Collectibles Creations' Employee Badge while on the premises, or attending duties for Caribbean Collectibles Creations.
- ☐ Employees must report lost or stolen Caribbean Collectibles Creations Employee Badge to Human Resources immediately.
- ☐ 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 _____