
**STATE OF VERMONT
EMPLOYEE ID BADGE - REQUEST TO DISABLE**

1. Employee Info:

First:	<input type="text"/>	Initial:	<input type="text"/>	Last:	<input type="text"/>
State Employee #:	<input type="text"/>	Department:	<input type="text"/>		
Business Mailing Address:	<input type="text"/>				

2. Employee's Badge Info:

Card # (8-digit # on lower left corner on back of card):	<input type="text"/>
Reason for Disable:	<input type="text"/>

3. Requests/Comments:Requests/
Comments:**4. Signatures:**Appointing Authority/Authorized Designee
(for Employees' Agency/Departments Use):☐ Check here if you would like a copy of this form sent back to you.

Phone Number:

Appointing Authority/Authorized Designee
(for Employees' Agency/Departments Use):**BGS Use Only**

NexWatch Card Number:

Void:

Programmed By: