

TEHAMA COUNTY DEPARTMENT OF EDUCATION

REQUEST FOR DUPLICATE ID BADGE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

REASON FOR REPLACEMENT:

MANGLED/ WEAR AND TEAR (RETURN ORIGINAL TO HUMAN RESOURCE SERVICES)

MISPLACED (\$5.00 PROCESSING CHARGE)

NEW PHOTO (\$5.00 PROCESSING CHARGE)

NAME CHANGE (\$5.00 PROCESSING CHARGE)

PREVIOUS NAME \_\_\_\_\_

NEW NAME \_\_\_\_\_

RETURN FORM TO HUMAN RESOURCE SERVICES

MAKE CHECKS PAYABLE TO: TEHAMA COUNTY DEPARTMENT OF EDUCATION