



## Employee Payroll Deduction Authorization For Replacement Badge

To: Payroll

From: \_\_\_\_\_ EID #: \_\_\_\_\_  
(Employee Name)

Title: \_\_\_\_\_ Site: \_\_\_\_\_  
(School or Department)

Reason for badge replacement: *(circle one)* Broken Damaged Lost Other: \_\_\_\_\_

You are authorized to deduct the amount as show below for the District-  
mandated replacement badge processing fee of:

One-Time Deduction- \$10.00

I recognize that this is a one-time deduction to cover the cost of one employee  
replacement badge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employees:**  
Send this completed form to Human Resources or scan, then email to:  
[badgerequest@collierschools.com](mailto:badgerequest@collierschools.com)

*For Human Resources Use*  
Date Badge Printed: \_\_\_\_\_  
Sent Badge to Site: \_\_\_\_\_  
Sent to Payroll: \_\_\_\_\_  
HR Initials: \_\_\_\_\_  
Smart Badge #: (if applicable) \_\_\_\_\_