



Reach Each Child

**Pulaski County Public Schools**  
**Office of the Information Technology**

89 Commerce Street, Pulaski, Virginia 24301

**REPORT OF LOST, STOLE, OR REISSUE OF IDENTIFICATION BADGE**

This form is to be completed by an employee and submitted to the Director of Human Resources within 24 hours of losing or having your Identification Badge stolen. This form will also be used in the event the employee has a name change. Lost and stole ID Badges will be replaced at a cost of \$5.00 per card to the employee. Cards turned in for name change will not be charged.

**Employee Full Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_

**Explanation of lost/stolen/name change:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal/Cabinet Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION**

**Date:** \_\_\_\_\_

**Payment of Replacement Cost - \$5.00** \_\_\_\_\_ (check) \_\_\_\_\_ (cash)

**Director of Human Resources:** \_\_\_\_\_

Approved  Disapproved

**Picture ID Presented:** \_\_\_\_\_ **Reissued Key Card Number:** \_\_\_\_\_

**Issued By:** \_\_\_\_\_ **Date Card Issued:** \_\_\_\_\_