



# CLAYTON COUNTY PUBLIC SCHOOLS

1058 Fifth Avenue • Jonesboro, GA 30236 • (770) 473-2700

**Dr. Morcease J. Beasley**  
Superintendent of Schools

## Maintenance Department Access/ID Badge Agreement Form

**LOCATION/SCHOOL:** \_\_\_\_\_ **EMPLOYEE #:** \_\_\_\_\_  
[Primary Location] [Six digit number] or [End of Contract Date]

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
[Print First & Last Name] [MM/DD/YYYY]

**PLEASE CHECK ONE BADGE TYPE:** \_\_\_\_\_

- New Badge
- Replacement Badge
- Damaged Badge
- Stolen Badge

**OFFICE USE ONLY:**

Paid: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Neglect: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Police Report #:	Agency:

**PLEASE CHECK ONE POSITION OR LOCATION BELOW:** \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrator               | <input type="checkbox"/> Homeless Ed            | <input type="checkbox"/> Pre-K Development |
| <input type="checkbox"/> Teacher or Paraprofessional | <input type="checkbox"/> Int'l Center           | <input type="checkbox"/> Safety & Security |
| <input type="checkbox"/> School Staff                | <input type="checkbox"/> Maintenance            | <input type="checkbox"/> Technology        |
| <input type="checkbox"/> Central Office              | <input type="checkbox"/> Performing Arts Center | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Contract Worker             | <input type="checkbox"/> Prof. Learning Center  |  |

**I acknowledge:**

- The ID Badge should be worn and visible at all times while at work.
- The badge is not to be left in direct sunlight or heat.
- In the event the badge is damaged, lost, or stolen, I will immediately notify my supervisor who will notify the CCPS Audio/Visual Department at 770-473-2825.
- Payments for badges that are damaged, lost, or stolen are \$25.00. Checks and money orders made payable to "Clayton County Public Schools" at "1058 Fifth Avenue, Jonesboro, GA" are the only acceptable forms of payment.
- The badge must be returned to my supervisor or CCPS Maintenance Department immediately when directed by district authorities or upon termination of my employment with CCPS.

**I have read and agree to the above terms and conditions. I agree to cooperate fully with any investigation(s) in reference to lost or stolen badges.**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**ADMINISTRATION SIGNATURE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_  
(Print)

<b>OFFICE USE ONLY:</b>	Complete: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Date: / /
Hotstamp ID #:	ID handed to employee: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Inner office mailed to:

**Received by and date:** \_\_\_\_\_ **Receipt # and amount:** \_\_\_\_\_