

CPRA

ACCESS CARD REPLACEMENT FORM

EMPLOYEE NAME: _____

DATE: _____

PERSONNEL #: _____

DIVISION: _____

NOTICE: It is the responsibility of each employee for the care of his/her Building Access Card. A \$10.00 fee assessment (check or money order only) will be charged to the employee for any lost and/or damaged cards.

My signature on this form acknowledges that I have in my possession replacement building access card no. _____.

Employee Signature

Safety Coordinator

PAYMENT METHOD

Check no. _____

Money Order no. _____

Funds received by: _____
Accountant Manager

or

Accountant Administrator