

## City of Albuquerque General Services Department Metro Security Division

## ID Badge Request Form

For ID Badge requests, please complete this form entirely and submit to the badging office. Forms can be submitted in person or email to:<a href="mailto:securitybadging@cabq.gov">securitybadging@cabq.gov</a>

| Forms can be submitted in person or email to: securitybadging@cabq.gov   |   |  |
|--|---|--|
| Employee ID#:  |   |  |
| Employee Name:   | DI DENTI CL. I                                  |  |
| DI.  | Please PRINT Clearly                            |  |
| Phone:   | Email:  |  |
| Job Title:   |   |  |
| Department:  |   |  |
| Division:  | Supervisor's Name:                              |  |
| Managers Approval:   |   |  |
|  | (Please print and sign)                         |  |
| • Please check Request Ty  | <b>ype</b> below:                               |  |
| □ New Badge Request  |   |  |
| ☐ Permanent En   | mployee   |  |
| ☐ Temporary Employee Expiration Date:  |   |  |
| ☐ Vendor Expirat   | tion Date:                                      |  |
| ☐ Change in access or employee information   |   |  |
| Explain changes requested:   |   |  |
|  |   |  |
| Requestor I  | Please PRINT Requestor Signature                |  |
| Do not punch holes in badge, leave in the heat or direct sunlight; or otherwise fold or mutilate.  Please report theft or loss to the Metro Security Division immediately. |   |  |
|  | To be completed by Access Managament Descripted |  |

| Badge #              | To be completed by Access Management Personnel |
|----------------------|--|
| Printed Activated by | Date   |