

GEORGIA DEPARTMENT OF CORRECTIONS
SAMPLE REQUEST FOR IDENTIFICATION CARD

NAME _____	
EMPLOYEE ID/SCRIBE ID (REQUIRED) _____	
EMPLOYEE JOB TITLE _____	
FACILITY/UNIT OF ASSIGNMENT _____	
DIVISION _____	
CONTRACTOR OR ORGANIZATION REPRESENTING _____	
TYPE OF IDENTIFICATION CARD (check applicable lines) EMPLOYEE _____ LOCATOR _____ VOLUNTEER _____ CONTRACTOR _____ POSITION TITLE (division or section): _____	DO YOU HAVE AN I.D. CARD TO TURN IN? YES _____ NO _____ LOST/STOLEN _____ CARD TYPE _____
IDENTIFICATION CARD WILL NOT BE ISSUED IF EMPLOYEE/SCRIBE I.D. NUMBER AND/OR APPOINTING AUTHORITY APPROVAL IS OMITTED	
APPOINTING AUTHORITY/DESIGNEE APPROVAL: _____ PRINT NAME: _____ Date: _____ FACILITY/UNIT: _____ TITLE: _____	
(FOR PERSONNEL OFFICE USE ONLY) IDENTIFICATION CARD ISSUANCE	
CARD TYPE ISSUED (circle all types issued): EXPIRATION DATE: _____ EMP LOC CON VOL _____ (Signature) (Imaging Site)	
IDENTIFICATION CARD ISSUANCE TO CARD HOLDER CARD HOLDER ACKNOWLEDGES RECEIPT OF (Check applicable line) EMPLOYEE I.D. _____ VOLUNTEER I.D. _____ CONTRACTOR I.D. _____ LOCATOR CARD _____ _____ (Signature) (Date)	