



## PETERSBURG CITY PUBLIC SCHOOLS IDENTIFICATION CARD/ACCESS KEY AUTHORIZATION FORM

EMPLOYEE INFORMATION			
<b>Name on Payroll</b> Print employee's full name.	First Name	M.I.	Last Name
<b>Social Security Number:</b> Print <b>last 4 digits</b> of employee's SS#.	<b>Date of Hire or Transfer:</b>		
<b>Address:</b> Print employee's full address.	Street	City	State      Zip Code
<b>Title/School/Department:</b> List the employee's title (use official title listed on the PAR).	Title/School/Department		
<b>Name on Badge:</b>			
<b>ACCESS KEY REQUIREMENTS (Check the appropriate blank.)</b>			
<input type="checkbox"/> <b>General Access</b>			
<b>ACKNOWLEDGEMENTS/SIGNATURE</b>			
<p>I understand this card is the property of the Petersburg City Public Schools and must be returned upon termination of my employment. Possession and use of this card constitutes acceptance of the terms and conditions of PCPS policies governing its' use. <b>I understand that if this card is lost or stolen, I must immediately notify the Human Resources Department. I will be required to pay \$5.00 for a replacement card.</b></p>			
_____ Employee Signature		_____ Date	
HRD Use only: <b>Badge Number</b> _____			