

# Missing Badge Form

Please use this form to request **a new badge** OR as a **Temporary form** to record your time on a day when you forget your badge.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Time In: \_\_\_\_\_ Lunch Time Out: \_\_\_\_\_

Lunch Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Please check if you need a new badge.

I understand that I will be charged \$5.00 each time I order a replacement badge. I also understand that my missed punches will not be processed until the following pay period.

I also understand that I am required each day to have my badge for Facility Compliance and for Resident/Staff identification and for Time Keeping. This form will be kept in my employee file to document each time I am without my badge.

Employee Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_