

All fields must be completed. Any forms not complete with approved signature will be returned.

A. SUBMISSION INFORMATION						
Date Submitted						
Submitted By			Email			
Photo File Name Employee photo should be sub by last name. Photo should be (i.e. Smith, John, Maintenance	saved as Last n					
B. ID REQUIREMEN	ITS					
Please complete all sections		New ID	Reprint			
Employee Name			Program/Facility			
Job Title No initials or designations. All printed in both French and Eng refer to Stationery Buddy for a	glish. Please					If volunteer, disregard title and check here.
Card Style (choose one)	First Name Only Large Print  Both First and Last Names Large Print  Both First and Last Names Regular Print					
Bilingual status	Does not Speak French Speaks French and English					sh
Card Type Swipe cards are only required for sites with card access. Swipe Card		Swipe Card I	Needed		Regular Card Needed	
C. APPROVAL (Direct Supervisor)						
Name :			Title :			
Phone #:			Email :			
APPROVED			DENIED			
Approved requests should only be sent by email and only to the PhotoID email address above.						