

**Request for Identification Card
Volunteer Services Form A07**

VF01-0001
Att 7-2/01/01
Request Date _____

Institution/Center/Office _____

Reason for Request: (Check Appropriate Blank)

New Appointee _____ * Lost I.D. _____
New Job Title _____ (attach old I.D.) (Fee Required)
New Location _____ (attach old I.D.) * Stolen I.D. _____
New Name _____ (attach old I.D.) (Fee Required)
Expiration _____ (attach old I.D.)

* Note: If I.D. card is lost or stolen, notify the Internal Investigation Section Immediately. This is for security reason.

Name _____

Social Security No. _____ Job Title **Correctional Associate**

Weight _____ Height _____ Hair _____ Eyes _____

Date of Birth (Mo-Da-Yr.) _____

If this is for an I.D. card replacement, is old I.D. attached (Yes/No) _____

*If fee is required, is check or money order in the amount of \$5.00 attached? (Yes/No) _____

Signature of Supervisor Phone No. _____

For Personnel Use Only:

Date of Issue _____ Expiration Date _____

If this is for an I.D. replacement, is old I.D. attached (Yes/No) _____

If fee is required, is check or money order attached? (Yes/No) _____

New I.D. Card received by:

Signature of Correctional Associate Date _____

(To be placed in personnel file at Facility)

RETENTION SCHEDULE:

Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.

**GEORGIA DEPARTMENT OF CORRECTIONS
REQUEST FOR IDENTIFICATION CARD**

SOP IVO15-0005
Attachment 1
Revised 7/01/03

NAME _____ SSN _____

PHOENIX EMPLOYEE ID/SCRIBE ID (REQUIRED)

EMPLOYEE JOB TITLE _____

FACILITY/UNIT OF ASSIGNMENT _____

DIVISION _____

CONTRACTOR OR ORGANIZATION REPRESENTING _____

<p>TYPE OF IDENTIFICATION CARD (check applicable lines)</p> <p>EMPLOYEE _____</p> <p>LOCATOR _____</p> <p>VOLUNTEER _____</p> <p>CONTRACTOR _____</p> <p>POSITION TITLE (division or section): _____</p>	<p>DO YOU HAVE AN I.D. CARD TO TURN IN?</p> <p>YES _____ NO _____</p> <p>LOST/STOLEN _____</p> <p>CARD TYPE _____</p>
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IDENTIFICATION CARD WILL NOT BE ISSUED IF EMPLOYEE/SCRIBE I.D. NUMBER AND/OR APPOINTING AUTHORITY APPROVAL IS OMITTED

APPOINTING AUTHORITY'S 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)

Retention Schedule: Retain permanently in local personnel file (official personnel file if made in CPA); copy retained for two (2) years at imaging site for any employee from a non-imaging site.