



CREDENTIAL IDENTIFICATION REQUEST FORM

Employee Information

Name: _____ Reason for Request: New Replacement
First / MI / Last (Please print)

Agency: _____ Employee ID#: _____
(Please print)

Appointment Status

- Career Service (CS) CS (Term Appt.) CS (Temporary Appt.) Management Supervisory Service
- Executive Service Contractor Volunteer Intern Excepted Service

If the appointment has a "Not to Exceed" (NTE) date, indicate the NTE date in which the appointment expires below: _____ (MM/DD/YY)

Certification Authorization:

ACKNOWLEDGEMENT OF CREDENTIAL (TO BE COMPLETED BY THE EMPLOYEE)

I, the undersigned, confirm that the above information is accurate to the best of my knowledge. I assume responsibility to return this ID badge to my HR Advisor upon separation from District government. I understand that I am required to display my ID badge at all times while in District government facilities.

Employee's Signature

Date

Note to Employees: Please be advised that the Agency Head's (or his or her designee's) signature will not be valid if this form is received in DCHR fourteen (14) or more calendar days after the date shown in the box below (Agency Head (or Designee) Signature).

TO BE COMPLETED BY THE AGENCY HEAD (OR HIS OR HER DESIGNEE)

Approved

Name of Agency Head (or his or her designee) (Please print)

Phone

Signature of Agency Head (or his or her designee)

Date

The agency authorizing official who signs (or an individual designated by the authorizing official) assumes the responsibility of obtaining the ID badge from the employee indicated above following his or her separation from District government service.