

## Issuance of Credentialing Request Form



### District Personnel Manual Instruction No. 31A-7

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Effective Date	Expiration Date	Related DPM Chapters
March 11, 2015	Until superseded	31A

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#### Overview

This DPM instruction is being issued to inform and officially distribute to District government agencies the credentialing request form developed by the Department of Human Resources (DCHR). Employee identification badges can only be issued by DCHR following receipt of the signed and approved credentialing request form referenced in this instruction.

**i** ***NOTE:** The form attached to this DPM instruction replaces any previously issued forms relating to credentialing. The use of any credentialing forms issued prior to the date of this instruction is to be discontinued and the forms discarded.*

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### Request for Identification Badge

#### Responsibilities

1. **District government employees in need of a new identification badge or a replacement badge are to:**
  - a. Complete the D.C. Standard Form (DCSF) No. 31A-01, Credential Identification Request Form (Rev. 3/2015), for a first-time request for an identification badge or for a replacement identification badge.
  - b. Submit the completed and signed DCSF No. 31A-01 to the agency head (or his or her designee) for review and signature.

- c. Bring the completed (and signed) form to the Department of Human Resources' Customer Care Center, 441 4<sup>th</sup> Street, N.W., Lobby Level, Washington, D.C. 20001. **Only original forms will be accepted.**
  - d. Provide another form of valid identification (i.e. unexpired driver's license, unexpired non-driver's identification, etc.) at the time the application is submitted to DCHR.
2. **DCHR will complete the following process:**
- a. The Credentialing Staff, DCHR, will provide employees with a new or replacement badge upon receipt of the request form. **Identification badges are provided in-person only.**
  - b. DCHR will maintain electronic copies of credentialing request forms.

## Access to Electronic Form

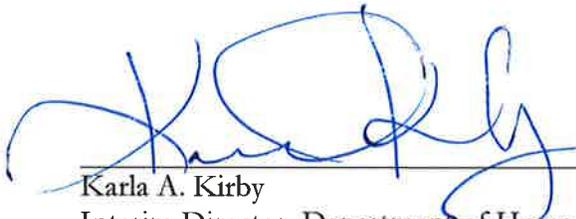
For convenience, District government employees may access the DCSF No. 31A-01 on DCHR's website at <http://dchr.dc.gov/page/forms-and-applications> under the "Forms and Applications" link on the homepage.

## Confidentiality

Information provided on the DCSF No. 31A-01 and any documents or proofs provided as attachments to this form will be safeguarded and maintained in a confidential manner.

## Additional Information

Questions relating to the provisions contained in this DPM instruction may be directed to DCHR's Business Operations Group (BOG) by calling (202) 442-9700, or via email at [credentialing.c@dc.gov](mailto:credentialing.c@dc.gov).

  
\_\_\_\_\_  
Karla A. Kirby  
Interim Director, Department of Human Resources

  
\_\_\_\_\_  
Date

# Attachment 1 – Credential Identification Request



## 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.