



EMPLOYMENT &
HUMAN SERVICES

M E M O R A N D U M

Kathy Gallagher, Director

40 Douglas Drive, Martinez, CA 94553 • (925) 608-5000 • Fax (925) 313-9748 • www.ehsd.org

To: All Staff (Code 2A)

Date: March 26, 2020

From: Debora Boutté, Personnel Services Officer

Subject: Reminder to Carry EHSD Identification Badge - ERRATA

Since Employment and Human Services Department employees are considered to perform essential services, please remember to carry your EHSD Identification Badge at all times, especially those employees that are commuting to and from work or on the field.

Remember to notify Personnel Services at (925) 608-5020 as soon as possible if your ID Badge is lost or stolen. You will need to complete the ID Badge Request form for a replacement ID Badge. Instructions and blank ID Badge Request form can be found on the following pages. Thank you and be safe.

Employment and Human Services Department ID Badge Request



INSTRUCTIONS

If you are a current EHSD employee and need to update your ID Badge due to changes in your position, please complete the ID Badge Request form (ADM 4) on page two and specify the information to be updated. Once verified by Personnel Services staff, your replacement badge will be sent to you via interoffice mail. If your information cannot be verified, you will need to make an appointment for a replacement ID Badge.

Additionally, the *Authorized Approver Information* section must be completed before submitting the ID Badge Request form to Personnel Services staff. Otherwise, the ID Badge Request form will be deemed incomplete and you will be asked to resubmit the form with the required signature for processing. An Authorized Approver is your direct Supervisor, Division Manager or Bureau Director.

Remember to notify Personnel Services as soon as possible if your ID Badge is lost or stolen. You will need to complete the ID Badge Request form for a replacement ID Badge.

For any questions regarding the ID Badge Request form, contact Personnel Services at (925) 608-5020. Please send completed ID Badge Request forms (page two only) via email to ehsd_personnel@ehsd.cccounty.us.

Employment and Human Services Department ID Badge Request



Date of Request: _____

Status: Employee (Replacement Only) County Temp Agency Temp Contractor
 Other (i.e. Community Partner) _____

Requester's Name:

(Please print) _____

Name:

(If different than above) _____

Bureau:

- Administration Aging and Adult Services Children and Family Services
 Community Services Workforce Development Board Workforce Services

Classification: _____

Location: _____

Phone: _____

Print Name of Supervisor or Division Manager: _____

Reason for request:

Requestor's

Signature: _____

Date: _____

Authorized Approver Information.

An Authorized Approver is your direct Supervisor, Division Manager, or Bureau Director. Requests will not be completed without prior authorization.

Approver's Name:

(Please print) _____

Classification: _____

Signature: _____

Date: _____