



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## Employee ID Information Form (New or Replacement)

**PLEASE PRINT**

This card remains the property of the Department of Juvenile Justice and must be surrendered to your supervisor when employment or other relationship with the department ceases.

**For New or Replacement ID Cards please complete Sections I and II and obtain all signatures before sending to the HQ ID Card Coordinator.**

Send all completed forms along with staff photo in .jpg format to: [Employee.Identification@djj.state.fl.us](mailto:Employee.Identification@djj.state.fl.us)

### **Section I** (To be completed by Employee)

Preferred Name: \_\_\_\_\_

Employee's Full Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Division: \_\_\_\_\_

Circuit: \_\_\_\_\_ Location: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section II** (To be completed by Region/Office ID Coordinator)

Coordinator's Name: \_\_\_\_\_

Coordinator's Address: \_\_\_\_\_

Coordinator's Phone Number: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Headquarters Access (Yes or No): YES  NO

Headquarters Unit Restricted Access Level (check all that apply): HR  IG  Server Room

Access Note/Instructions: \_\_\_\_\_

CIO/IG/HR Signature: \_\_\_\_\_

### **Section III** (To be completed by HQ ID Coordinator)

Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_