Reeves Co	ounty ID Bad	lge R	equest Fo	orm	
	□ New Card	or	Replaceme	ent Card	
Please fill out the f	fields below to reques	t a Reeve	es County identif	ication badge.	
First Name:					
Middle Name:					
Last Name:					
Title:					
Department:					
Supervisor:					
	(TO BE CO	OMPLETEL) BY SUPERVISOR	2)	
What location is	security access for?				
Will the employe	e have regular busin	ess acco	ess or after-hou	rs access?	
Regular Hours	s: □ AM □] PM to	: 🗆 AI	M 🗆 PM	
□ After-Hours _	: 🗆 AM 🗆 P	M to	.: 🗆 AM 🛙	□ PM	
□ 24/7 access					
Approved by:	(PRIN	T)		Date:	
Title & Departme	nt:				
Phone:					
Signature:					

(RETURN A COPY TO HUMAN RESOURCES AND FACILITIES)