

**Photo Badge ID only**

**Department:** \_\_\_\_\_

**Building Location:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

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**Signature of Elected Official or Department Director**

**Date**

**Return the completed form to the Human Resources Department, Portage County  
Administration Building, 7<sup>th</sup> floor.**

**Human Resources Use Only**

Date completed and department  
notified: \_\_\_\_\_