

This form must be completed and submitted to the Badging Office immediately upon employee termination, resignation, retirement, deceased and/or administrative deactivation. The badge must be returned to the Badging Office within 24 hours of deactivation. Employer will be charged \$150.00 for all unreturned Badges.

**PLEASE IMMEDIATELY CANCEL ALL ACCESS PRIVILEGES FOR THE EMPLOYEE NAME LISTED**  
**SECTION 1 – BADGE TO BE DEACTIVATED**

Last Name		First Name	
Company Name		Badge Number	Secure Key Card #

**Deactivation by Phone**

Date Called In ____/____/____	Called in by	Call Received by	Badge #
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**Signatory Representative must complete the form in its entirety and return it alone with employee ID Badge to the Badging Office.**

**SECTION 2 – PERSON REQUESTING DEACTIVATION (Must be an Authorized Signatory Representative)**

Last Name		First Name	
Office Phone #		Fax #	
Email Address			
ID Badge Is: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached		Secure Key Card Is: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	

**SECTION 3 – REASON FOR DEACTIVATION**

Employment Terminated   
  Retired   
  Deceased   
  Administrative ( check reason below)

Administrative Deactivation Details

Suspension   
  Military   
  Transferred   
  Extended Medical Leave

Other \_\_\_\_\_

**BADGING OFFICE USE ONLY**

Date Badge Returned to Badging Office ____/____/____	Trusted Agent Initials
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