



## Okaloosa County Identification Badge Acknowledgement

This agreement outlines the responsibilities of retaining an Okaloosa County Identification (ID) / Access Control Badge. My acceptance of this agreement indicates that I have read and understand the Okaloosa County Badge Policy below, and agree to adhere to the protocol and procedures established for ID / access control badges.

1. The Okaloosa County ID / Access Control Badge has two purposes:
  - Provides identification for all county employees.
  - For staff who work in buildings with electronic access-control readers, the badge facilitates entry and identifies staff since individuals may not be in controlled areas without a badge or escort. (If access control is needed, **please fill out an Access Control Request Application.**)
2. I understand that the badge is issued in my name as the sole authorized person to use it, will not allow any other person to use my badge.
3. I understand that I must wear the badge with the front of the badge visible on the outside of my clothing or have the badge available if I wear a uniform that displays my name when accessing county facilities.
4. I will not punch holes, attach or affix any pins or decorations, bend, or wash the badge as it may render the badge inoperable.
5. I understand that badges should not be left unattended, on or in a desk, or carried in such a manner as to be susceptible to loss or theft.
6. I understand that upon termination of employment, badges must be returned to Okaloosa County IT or Human Resources. The badge holder's supervisor is responsible for ensuring the badge is collected before the person leaves the Okaloosa County premises and returning it.
7. I understand that temporary badges may be issued by a department to eligible persons for a limited time period (e.g., temporary employees), and must be returned to the issuing department by the end of the authorized period. Each department will be responsible for putting in a request for these badges.
8. I understand that I must immediately notify my supervisor and Human Resources if my identification badge is lost, missing, stolen, or damaged so it can be disabled. Replacement badges will require a new acknowledgement be signed.

**Acknowledgement:** I acknowledge that I have read, understood, and agree to adhere to this agreement.

Badge Holder: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

From (Dept/Agency): \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### For Use by Human Resources OR Information Technology:

New  Replacement  County Employee  County Partner  Contractor

1) Verified Form & Updated System: \_\_\_\_\_ Date: \_\_\_\_\_