



Washoe County COMMUNITY SERVICES DEPARTMENT

1001 East 9th Street, Reno, NV 89512; PO Box 11130, Reno, NV 89520
Telephone: 775-328-2040 Fax: 775-328-3699

Employee ID Badge and Cardkey Entry Acknowledgement of Responsibilities

The use of this identification card (ID) has responsibilities for both the holder of the ID as well as all other County/Court employees. This ID allows you access to authorized locations, as defined by your Department Head or their designee. It also provides employees with knowledge of who is authorized to be in secure locations by easily identifying the holder of an ID, and the authorizing department. The ID is acknowledged as being held by authorized persons and unauthorized use of the ID, or lending of the ID, is prohibited.

Additionally, many IDs will provide direct (cardkey) access through selected doors, at pre-defined times, using card readers. The ID cards hold a unique code that is programmed to specific access points, as authorized by Department Heads or their designee, providing access to the holder by placing the ID near a card reader. The reader will send a signal to the controller and unlock the door for those authorized users. Each use of the ID is recorded in a database in order to monitor the use of these access points. Therefore, the loss or potential loss of an ID must be immediately reported, so the ID can be removed from the system, preventing an unauthorized user from gaining access. Please contact Community Services at IDBadges@washoecounty.us or call 775-328-2040. If the ID is later found; it might be possible to reinstate the ID.

Each employee is responsible for safeguarding his or her own ID Badge, and any lost Identification Badge must be reported immediately to his/her Supervisor. A lost ID Badge may be replaced without charge on a one-time basis only. All subsequent replacements of lost badges or badges damaged by negligence will result in a charge of \$15.00 to the employee and/or department.

By signing this form, you acknowledge and agree to wear the ID during work hours and when doing County business in County facilities and understand that you will be sent home to retrieve your badge, if forgotten. You further acknowledge and agree to properly use this ID, that the ID belongs to Washoe County, and when a person's employment status changes making the current use of this ID unauthorized, the ID will be surrendered.

Name of Employee (Please print)

Date

Signature of Employee

Community Services Use ONLY

Card # _____

Card Code # _____

JPEG # _____

Washoe County ID Card Issuance Form

Please complete the required fields, below:

(Circle One) Employee Intern Contractor Volunteer

* = **Required fields** (Additional fields may be required by your department head. Please see your HR Rep.)

*Name (Please Print)

*Work Phone #

*Department (i.e. Community Services, Family Court, Health Dept, etc.)

*SAP Number

Height

Weight

Hair Color

Eye Color

Date of Birth

Place of Birth

Access Information: (to be completed by Management)

*Requested Door(s) Access

Set up like (another employee)

*Requested Days of Access

*Hours of Access

*HR Representative

*Phone #

*Supervisors Signature

*Phone #

*Department Head or Designee Signature