

**GEORGIA DEPARTMENT OF CORRECTIONS
REQUEST FOR IDENTIFICATION CARD**

SOP IVO15-0005
Attachment 1
Revised 7/01/03

NAME _____ SSN _____	
PHOENIX EMPLOYEE ID/SCRIBE ID (REQUIRED) _____	
EMPLOYEE JOB TITLE _____	
FACILITY/UNIT OF ASSIGNMENT _____	
DIVISION _____	
CONTRACTOR OR ORGANIZATION REPRESENTING _____	
TYPE OF IDENTIFICATION CARD (check applicable lines) EMPLOYEE LOCATOR VOLUNTEER CONTRACTOR POSITION TITLE (division or section): _____	DO YOU HAVE AN I.D. CARD TO TURN IN? YES _____ NO _____ LOST/STOLEN _____ CARD TYPE _____
IDENTIFICATION CARD WILL NOT BE ISSUED IF EMPLOYEE/SCRIBE I.D. NUMBER AND/OR APPOINTING AUTHORITY APPROVAL IS OMITTED	
APPOINTING AUTHORITY'S APPROVAL: _____	
PRINT NAME: _____ Date: _____	
FACILITY/UNIT: _____ TITLE: _____	
(FOR PERSONNEL OFFICE USE ONLY) IDENTIFICATION CARD ISSUANCE	
CARD TYPE ISSUED (circle all types issued): EMP LOC CON VOL	EXPIRATION DATE: _____
_____ (Signature)	_____ (Imaging Site)
IDENTIFICATION CARD ISSUANCE TO CARD HOLDER	
CARD HOLDER ACKNOWLEDGES RECEIPT OF _____ (Signature)	(Check applicable line) EMPLOYEE I.D. VOLUNTEER I.D. CONTRACTOR I.D. LOCATOR CARD (Date)