



GEORGIA DEPARTMENT OF CORRECTIONS
HUMAN RESOURCES DIVISION
CENTRAL PERSONNEL ADMINISTRATION

REPORT FOR MISSING IDENTIFICATION CARD

NAME _____ SSN _____
EMPLOYEE I.D. /SCRIBE I.D. _____
HOME ADDRESS _____
CITY/STATE _____ ZIP CODE _____
HOME PHONE _____ WORK PHONE _____
FACILITY/UNIT OF ASSIGNMENT _____
EMPLOYEE JOB TITLE _____
DIVISION _____
CONTRACTOR OR ORGANIZATION REPRESENTED: _____

I.D. CARD (circle one)

LOST

STOLEN

TYPE of I.D. CARD (check applicable lines)

EMPLOYEE _____
LOCATOR CARD _____
POLICE POWERS _____

VOLUNTEER _____
CONTRACTOR _____

Card Holder Signature

Date

(For Personnel Unit Use Only)

LOST/STOLEN IDENTIFICATION CARD

PHOENIX EMPLOYEE I.D./SCRIBE I.D. _____

VERIFICATION OF (circle one)

LOST

STOLEN

(Personnel Representative Signature)

(Date)

IF CARD(s) STOLEN, ATTACH A POLICE REPORT.