



LBUSD IDENTIFICATION BADGE APPLICATION

AUTHORIZATION FOR IDENTIFICATION BADGE and ELECTRONIC DOOR ACCESS

To: Thomas W. Hickman, Chief - School Safety Division

Date: _____

From: _____
(Name: Principal / Manager / Site Admin. / Director / Executive)

_____ (Title)

_____ (Work Location)

The following employee(s) are authorized to receive an Employee Identification Badge(s) and access to designated electronic doors. Ref. S.O.P. 9.135

Type of Badge (check): Regular Badge Admin. Building Badge SALTO Electronic Badge

Substitute Assignment (check): Yes No

Contractor Company Name: _____

School Safety and Emergency Preparedness Division
 5250 E. Los Coyotes Diagonal, Building #1, Long Beach, CA 90815
 ext. 235-8006 or ext. 235-8205 or ext. 235-8336 | SchoolSafety@LBSchools.net
 Hours: Monday – Friday, 8:00 a.m. to 3:30 p.m., Summer Hours: Monday – Wednesday, 8:00 a.m. – 2:30 p.m.

EMPLOYEE'S PAYROLL NAME	EMPLOYEE I.D. # OR CONTRACTOR DRIVER'S LICENSE#	POSITION / TITLE	WORK HOURS	DEPARTMENT / SITE	
ex. Jane Johnson	E 0123456	Teacher	7am-4pm	OCIPD / Muir	<input type="checkbox"/> Wrap
Joe Williams	E 0012345	Int. Nutrition Services Worker	6am-3pm	Nutrition Services / Poly	<input type="checkbox"/> Kids Club
	E				<input type="checkbox"/> CDC
	E				<input type="checkbox"/> HeadStart
	E				<input type="checkbox"/> Wrap
	E				<input type="checkbox"/> Kids Club
	E				<input type="checkbox"/> CDC
	E				<input type="checkbox"/> HeadStart
	E				<input type="checkbox"/> Wrap
	E				<input type="checkbox"/> Kids Club
	E				<input type="checkbox"/> CDC
	E				<input type="checkbox"/> HeadStart

List any specific instructions if necessary:

The completed Authorization form may be sent in advance via e-mail to SchoolSafety@lbschools.net **OR** the employee will take the authorization form to the School Safety Division to process. A valid picture identification such as a Driver's License, CA Identification Card, or U.S. Passport must be presented to be issued a district identification badge.

Approval Signature: _____
(SIGNATURE REQUIRED) Principal / Manager / Site Admin. / Director / Executive

_____ (Phone or Extension Number)

FOR OFFICE USE ONLY

Verification Completed: YES NO If "no", give reason: _____
 School Safety Approval: _____ Date / Initial: _____
 Partition Assigned: _____