

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT POLICE DEPARMENT

1702 N. ALAMO STREET, SUITE 101, SAN ANTONIO, TEXAS 78215

ISSUANCE AND REPLACEMENT OF ID ACCESS CONTROL CARDS

I acknowledge that these items are property of the San Antonio I.S.D., and that I will not lend or share my ID access control card or device to anyone. If either of these items is lost or compromised, I understand that I must replace each item and that I am responsible for replacement cost of \$10.00 for the ID access control card or device.

I further understand that I must return the ID access control cards or device to my supervisor when I am no longer employed, or on leave of absence with the San Antonio I.S.D.. Failure to do so will result in a \$10.00 authorized deduction from my final paycheck or subsequent billing requiring payment.

Employee Signature				Date			
		*** ALL INFORMATION	ON MUS	T BE COM	MPLETED ***		
Check appro	opriate box:	☐ New ID Access C	Control	☐ Rej	eplacement ID Access Control		
Replacemen	nt Reason:						
	Lost/Stolen	(provide SAISD Polic	e case i	number):_	\$10.00 fee		
	Damaged \$1						
	Name Chang	ge (previous name)					
	Title Change	2					
Print N (as it appears							
□ Male□ Female	Date of birth:		Race:		Employee ID:		
Home Phone:				Cell Phone:			
Department	or School(s	s):					
Title:							
Supervisor'	s Signature	(ONLY Lost/Stolen/Dama	ged repla	acement ID	Access Control):		
* Payments		oted: Cash, Money O **NO personal chec			Credit Card.		
For Police Department Use Only:					No appointment necessary		
Picture:					ID Picture Hours: Monday – Friday 8:00am – Noon		
Access Control:					And		
Receipt Number:					Monday – Friday 1:00pm – 4:15pm Inquiries: 210-299-1331 ext. 543		

Revised: July 9, 2018 Form C44-A



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INSTRUCTIONS

- 1) The original form shall be submitted; fax/scanned copies will not be processed.
- 2) The employee must sign and date the form C-44-A acknowledging that the ID access control card or device is the property of the San Antonio Independent School District and that the employee is responsible for the replacement cost.
- 3) All information on the form must be printed or typed in blue or black ink only on standard white paper, no card stock or colored paper. **Incomplete forms will not be processed.**
- 4) Type of request: Check the appropriate box for new or replacement ID access control card. If an ID access control card is lost or stolen a police report must be filed with the district Police and the case number put on the form next to the check boxes for Replacement ID access control card. If the request is due to a Name Change, the change must be updated with Human Resources and Payroll prior to submitting form C44-A. A Replacement ID for School/Department change will only be processed if the current badge is facility specific (ie: has the name of school or department). Employees shall take their current badge to their new assignment and request access changes via email.
- 5) Name: Print your full name as it appears in Human Resources / Payroll records.
- 6) Sex: Check the box indicating your sex.
- 7) Date of Birth: Enter your date of birth (mmddyy).
- 8) Race: Enter your race (ie: White, Black, Hispanic, etc.)
- 9) Employee ID: Enter your nine digit SAISD employee ID number.
- 10) Home Phone: Enter your home telephone number (include your area code).
- 11) Cell Phone: Enter your cell or mobile telephone number (include your area code).
- 12) Department or School(s): Enter the department or school to which you are primarily assigned.
- 13) Title: Enter your job title.
- 14) Supervisor's Signature: The supervisor's signature is only required if you are requesting a replacement ID access control card or device that is lost, stolen, or damaged.
- 15) Payment for lost, stolen, or damaged ID Access control cards can be made with cash, money order, or credit card (Visa, MasterCard, and Discover). Credit card payments for lost, stolen, or damaged ID access control cards are only processed in person at the police department.
- 16) No personal checks will be accepted.