

COH EMPLOYEE IDENTIFICATION BADGE LOST OR STOLEN REPORT

This Form is REQUIRED to Replace Lost or Stolen City of Houston Employee Identification Badge.

**Bring Completed, Signed & Countersigned Form to General Services Department,
Security Management Division, Badging Office, 611 Walker, 3rd Floor Annex**

Badging Office Hours: Tuesday through Thursday 8:30 am - 3:30 pm.

Submitting Department: _____ Submitting Date: _____

Submitting Division: _____ Employee Work Location: _____

Employee's Name: _____
Last Name First Name M.I. Suffix (Jr., Sr., III, Etc.)

Employee's Number: _____ Employee Work Phone Number: _____

Employee Classification: _____

Date of Loss: _____ Location of Loss: _____
(Or Date Loss Discovered) (If Known)

**Theft of an ID Badge Needs
to be Reported to Police.**

Which Police Agency Did You Report This Theft to? _____

Police Report Number: _____

Employee's Comments: _____
(Briefly Describe the Circumstances of this Loss)

Employee's Signature: **X**

Employee's Supervisor: _____
Supervisor's Last Name Supervisor's First Name M.I. Suffix (Jr., Sr., III, Etc.)

Supervisor's Classification: _____ Supervisor's Empl. No.: _____

Supervisor's Work Phone Number: _____ Supervisor's Work Location: _____

Supervisor's Findings -
What Disciplinary Action is
Anticipated, If Any?

(Example: Not at Fault - No Discipline / At Fault - Reminder 1 / Etc.)

Supervisor's Signature: **X**

Management Concurrence

This Loss / Stolen Report Should Be Countersigned by a Division Manager Equivalent or Higher, Indicating Concurrence With the Supervisor's Findings.

Manager's Work Phone Number: _____ Manager's Work Location: _____

Manager's Name: _____ Manager's Empl. No.: _____
Manager's Last Name Manager's First Name M.I.

Manager's Title: _____ Manager's Signature: **X**