

## ID BADGE REQUEST FORM

- Fill in top portion of this form and secure supervisory approval. Bring picture ID for verification.
- Check available times for badge processing in your region or make special appointment in advance.
- Requests can also be handled via e-mail by forwarding completed RAS-03 along with photo to supervisor.
- Supervisor will send approved RAS-03 to the appropriate regional mailbox.
- RAS staff will mail badge as instructed by supervisor.

NEW ID Badge	<input type="checkbox"/>
REPLACEMENT ID Badge	<input type="checkbox"/>
TEMPORARY/CONTRACT	<input type="checkbox"/>

Employee of the following Agency: (Please mark with "X")

HHSC	<input type="checkbox"/>	DFPS	<input type="checkbox"/>	DADS	<input type="checkbox"/>	DARS	<input type="checkbox"/>	DSHS	<input type="checkbox"/>
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**Requested For:**

Name: (Last, First, MI)	Employee #:	Work Phone:	Ext.:
Title		Office City/Mail Code:	
Supervisor:		Supervisor Phone:	

\_\_\_\_\_  
Supervisor/Designee Signature

\_\_\_\_\_  
Date

RAS Use Only	
Issue Date:	Issued By:
Verification: (Picture ID)	

Employee Position#:(optional) \_\_\_\_\_

Badge Delivered to: \_\_\_\_\_

In Person       Mailed      Mail Code: \_\_\_\_\_

\_\_\_\_\_  
RAS Signature

\_\_\_\_\_  
Date