

**OTTAWA COUNTY IDENTIFICATION
NON-COURTHOUSE EMPLOYEE**

Rev. 6 2017

SECTION A. EMPLOYEE INFORMATION

Employee Name _____ Employee ID # _____

Name as it should appear on card _____ *I would like a new photo*

Department _____

- Identification Card Only
- Access Card Required (See Section B)
- Edit/Renew Card (Skip to Section C)
- Cancel/Replace Card (Skip to Section C)
- Remove Employee/Card From System (Skip to Section E)

For Office Use Only	
Card No.	_____
Issue Date	_____
Issuer	_____

SECTION B. ACCESS REQUIREMENT (Check those necessary.)

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> MRDD- All Doors <input type="checkbox"/> OCTA- All Doors RESOURCE CENTER <input type="checkbox"/> All DJFS Doors <input type="checkbox"/> All Doors <input type="checkbox"/> Employee Entrance <input type="checkbox"/> Exterior Hallway Rear <input type="checkbox"/> Job Store Door | <ul style="list-style-type: none"> <input type="checkbox"/> Kitchen/Restroom Door <input type="checkbox"/> Lobby Door <input type="checkbox"/> OCIC- All Doors <input type="checkbox"/> OCIC- Front Entrance <input type="checkbox"/> OCIC- Rear Entrance COUNTY GARAGE <input type="checkbox"/> All Doors <input type="checkbox"/> Lobby | <ul style="list-style-type: none"> <input type="checkbox"/> Middle East Garage Door <input type="checkbox"/> North Door <input type="checkbox"/> North East Garage Door <input type="checkbox"/> South East Door <input type="checkbox"/> Southwest Garage Door <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|--|--|--|

If any boxes are checked, explain: _____

Time Zones:

- 24 x 7
- 7:00 a.m. – 7:00 p.m.
- Other _____ Explain: _____

SECTION C. EDIT/RENEW CARD

This section is to be used for changes to the identification card (i.e. name change due to marital status, etc.) or for the renewal of a non-working card.

Re-issue Card: As-Is Edit

Changes to be made to card: _____

SECTION D. EMPLOYEE SIGNATURE

I understand that I will be issued an employee identification card. I agree to keep this card with me at all times while on county property. I understand that it is for my use and that I am responsible for this card. Should the card be lost or damaged, I agree to report it to my supervisor immediately. I understand that I will be charged a \$5 replacement fee. I agree to return the card upon termination of employment.

Employee Signature

Date

SECTION E. AUTHORIZATION

Elected Official or Department Head Signature

Phone

Date

Commissioner's Rep Signature

Date

Sheriff's Rep Signature

Date

OTTAWA COUNTY EMPLOYEE IDENTIFICATION CARD

Instructions

Upon hiring a new employee, the supervising official must first determine whether the employee will need/be permitted access to the buildings outside of normal business hours. The supervisors must complete a request for an Ottawa County Identification Card for each employee in their department and for all liaisons, contractors, temporary or state employees assigned to their department.

Section A. Employee Information

- Enter full name of employee.
- Enter employee number. (Obtain from Department Head or Auditor's office.)
- Enter name of department in which employee will work.

Identification Card Only – Check this box if the employee will not be permitted access to the building before or after hours, or if the employee works off-site or is a contractor.

Access / Proximity Card - Check this box if employee will need access to the building outside of The normal business hours.

Edit/Renew Current Card – Check this box if changes need to be made to employee name, department, etc. or for the renewal of an existing card.

Cancel/Replace Lost Card – Check this box if the card previously issued to the employee has been lost. **Administration must be notified as soon as possible when loss of a card is noticed. A replacement fee will be assessed.*

Remove Employee/Card from System – Check this box if the employee is no longer employed with the county. Please staple the employee's ID card to the form.

Section B. Access Requirement

If access is requested, please check appropriate box and time zones. An explanation must be given if any box is checked. The request will be reviewed from a security perspective.

Section C. Edit / Renew Card

Indicate any changes that need to be made to the card or check "as-is" for renewal of a non-working card.

Section D. Employee Signature

Obtain Employee signature.

Section E. Authorization

Elected Official or Department Head – Review form and approve by signing and dating the form. Forward to Commissioner's Office.

Commissioner's Representative – Review form and approve by signing and dating the form. Forward to Sheriff's Department.

Sheriff's Representative – Review form and approve by signing and dating the form. Forward to Emergency Management Agency.

- Someone from the Emergency Management Agency will contact the employee's supervisor to schedule a time for the ID to be issued.
- **EMPLOYEE MUST BRING THEIR DRIVER'S LICENSE WITH THEM AT THE TIME OF ISSUE.**
- **NO IDENTIFICATION CARD WILL BE ISSUED, CHANGED OR DELETED WITHOUT ALL AUTHORIZED SIGNATURES.**