**BADGE REPLACEMENT FORM**



**Badge Room: Roberts Pavilion, 1st floor, Cooper Conference Center, Room CC115**

**Hours:**

**Monday: Closed**

**Tuesday through Friday: 7 a.m. to 11 a.m. and 1 p.m. to 3 p.m.**

Please note: There is a $10 charge for lost or misplaced badges.

**All badge requests should be emailed to** [**badgeroom@cooperhealth.edu**](mailto:badgeroom@cooperhealth.edu)

**or faxed to: 856-968-8450**

**Please check off reason:**

**Lost \_\_\_\_\_\_\_\_\_ Broken \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFF-SITE EMPLOYEES**

**PLEASE INCLUDE ADDRESS INCUDING FLOOR AND SUITE NUMBER WHERE YOUR BADGE CAN BE SENT.**

**FOR PAYROLL USE ONLY**

**SCHEDULE BATCH# INITIALS TRANS**

**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**ELEMENT NUMBER: 5197 AMOUNT: $10.00**