

Richfield Public Schools

Door Access Card Replacement Authorization Form

Name: _____

Building: _____

Employee ID
Number: _____

Please indicate the reason for the replacement of the card:

- Lost
- Stolen
- Damaged (Please include the damaged card with the form)

I authorize Richfield Public Schools – ISD #280 to deduct ten dollars from my next payroll for the replacement of the door access card.

Signature

Date

Deposit Code: 01-005-810-000-420-000