



## CREDENTIAL IDENTIFICATION REQUEST FORM

### Employee Information

Name: \_\_\_\_\_ Reason for Request: New  Replacement   
First / MI / Last (Please print)

Agency: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
(Please print)

### Appointment Status

- Career Service (CS)  CS (Term Appt.)  CS (Temporary Appt.)  Management Supervisory Service  
 Executive Service  Contractor  Volunteer  Intern  Excepted Service

If the appointment has a "Not to Exceed" (NTE) date, indicate the NTE date in which the appointment expires below: \_\_\_\_\_ (MM/DD/YY)

### Certification Authorization:

#### ACKNOWLEDGEMENT OF CREDENTIAL (TO BE COMPLETED BY THE EMPLOYEE)

I, the undersigned, confirm that the above information is accurate to the best of my knowledge. I assume responsibility to return this ID badge to my HR Advisor upon separation from District government. I understand that I am required to display my ID badge at all times while in District government facilities.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*Note to Employees:* Please be advised that the Agency Head's (or his or her designee's) signature will not be valid if this form is received in DCHR fourteen (14) or more calendar days after the date shown in the box below (Agency Head (or Designee) Signature).

#### TO BE COMPLETED BY THE AGENCY HEAD (OR HIS OR HER DESIGNEE)

Approved

\_\_\_\_\_  
Name of Agency Head (or his or her designee) (Please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Agency Head (or his or her designee)

\_\_\_\_\_  
Date

The agency authorizing official who signs (or an individual designated by the authorizing official) assumes the responsibility of obtaining the ID badge from the employee indicated above following his or her separation from District government service.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF GENERAL SERVICES



CONTRACTOR CONTACT INFORMATION FORM

CONTRACTOR NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

SUPERVISOR EMAIL \_\_\_\_\_ SUPERVISOR CONTACT PHONE # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

COTR NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

COTR PHONE NUMBER \_\_\_\_\_ COTR EMAIL \_\_\_\_\_

CONTRACT START DATE \_\_\_\_\_ CONTRACT END DATE \_\_\_\_\_

PLEASE DESCRIBE THE DUTIES YOU WILL PERFORM FOR THE DISCTRICT/DRES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREA ACCESS REQUIRED \_\_\_\_\_

\_\_\_\_\_  
COTR SIGNATURE

\_\_\_\_\_  
COTR NAME

\_\_\_\_\_  
DATE

I understand that this I.D. card is only valid for the above mentioned location and is valid through the expiration date indicated. Once my contract has ended and/or my badge has expired, I will return it to the Department of General Services to the Human Resources Advisor. Additionally, I understand that I am liable for the cost of replacement for my I.D. card if lost or if not returned at the end of the contract.

\_\_\_\_\_  
CONTRACTOR SIGNATURE

\_\_\_\_\_  
DATE