



K.ERIK SWANSON, PhD.  
SUPERINTENDENT OF EDUCATION

## HUMAN RESOURCES DIVISION DEPARTMENT OF EDUCATION

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ADMINISTRATOR, PERSONNEL

### ID BADGE REQUEST FORM

Date: \_\_\_\_\_

#### Please Check One:

NEW ☐

REPLACEMENT ☐

RENEWAL ☐

CHANGE OF POSITION TITLE ☐

CHANGE OF NAME ☐

#### 2 Passport Photos

\*\*\*DOE identification Badge **MUST BE SURRENDERED** to the Human Resources Division upon separation from employment with DOE\*\*\*

#### PLEASE PRINT THE INFORMATION BELOW:

NAME: \_\_\_\_\_ Official DOE Title: \_\_\_\_\_

EIN#: \_\_\_\_\_ DOB: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_

SCHOOL/DIVISION: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Date: \_\_\_\_\_

Processed by HR Staff: \_\_\_\_\_ Date: \_\_\_\_\_

ID Badge Released and Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_