

REQUEST FOR MINISTRY IDENTIFICATION

EMPLOYEE INFORMATION

LAST NAME			FIRST	INITIAL	POSITION TITLE	
ADDRESS					BOX #	OFFICE CODE
CITY / TOWN			POSTAL CODE		TELEPHONE	FAX

BC



Sample

ALL REQUESTS MUST BE APPROVED BY SUPERVISOR

SUPERVISOR APPROVAL:		
DISTRICT SUPERVISOR / REGIONAL EXECUTIVE OFFICER (Please Print)	SIGNATURE	DATE (YYYY MMM DD)

PHOTO ID ISSUED BY:			
NAME (PLEASE PRINT)	SIGNATURE	DATE (YYYY MMM DD)	ACCESS CARD NO.

NOTE: It is the responsibility of the District Supervisor to ensure all photo ID are returned to Facilities and Workplace Solutions when no longer required.