



DSW ID BADGE REPLACEMENT REQUEST

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES

INSTRUCTIONS:

- 1. The submission of a DSW ID Badge Replacement Electronic Service Request (ESR) is required for the printing of all badges except for those requested through the Appointment Processing Form.
2. The ESR must be submitted by a designated Department Human Resources Personnel.
3. Each ESR allows for the submission of one (1) employee badge request. For requests of two (2) or more employees, complete the following spreadsheet and submit with ESR as an attachment: http://dhrportal.org/wp-content/uploads/2016/04/DSW-ID-Badge-Processing-Template.xlsx
4. The department contact will be notified when the badge(s) is ready for pick-up.

Date of Request: _____

Department Contact: _____ Email: _____ Phone: _____

SECTION I: REQUEST INFORMATION

Type of Request: _____ (Processing fees may apply) Quantity: _____
(New Hire badges, except for MTA specific classes, should continue to be requested through the Appointment Processing ESR.)

If other, please state reason: _____
(i.e. initial request not made on original Appointment Processing Form)

SECTION II: CARD INFORMATION

Employee Name: _____ DSW ID # _____ Social Security # _____
(Last, First, M.I.)

Department Code: _____ Job Code: _____ Job Title: _____ Empl Class: _____

Type of card: [] Regular [] Smart Card (For buildings that require Smart Card access ONLY) [] City Hall

SECTION III: DEPARTMENT BILLING INFORMATION

Index Code: _____ Sub-object: _____

Accounting Contact: _____ Email: _____ Phone: _____

SECTION IV: DEPARTMENT AUTHORIZATION

The Appointing Officer/Authorized Designee named below hereby approves this request and certifies that the information provided on this form is accurate and complete.

Appointing Officer/Authorized Designee Name _____ Date _____

Phone Number _____ Email Address _____

SECTION IV: PROCESSING INFORMATION (DHR Use Only)

[] Completed [] Not Completed - Reason: _____

Smart Card #: _____

DSW ID Badge Completed By: _____ Date _____