

RETRIEVED BADGES MUST BE RETURNED TO THE FNT BADGING OFFICE WITHIN 2 DAYS (48 HOURS) FROM BADGE HOLDER'S SEPARATION.

Request for Badge Deactivation must be reported to the Department of Public Safety immediately at 810-235-0606.

SECTION I ~ Employee Separation Information

(PRINT LEGIBLY / USE BLACK OR BLUE INK / ORIGINALS ONLY)

As of **Separation Date** _____ Company/Organization Name _____ requests

the FNT access be revoked for **Badge #** _____ for **FNT ID Card Holder** _____

Reason: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Termination of Rental Agreement ~ Location _____ |
| <input type="checkbox"/> Contract Completed | <input type="checkbox"/> Leave of Absence ~ Expected date of return _____ |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Medical Leave ~ Expected date of return _____ |
| <input type="checkbox"/> Lay-Off | <input type="checkbox"/> Termination for cause ~ Reason _____ |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Other _____ |

SECTION II ~ Retrieval of ID Badge

- FNT ID is attached to this form.
- Upon separation, this individual did not turn in their FNT ID.
- If FNT ID is not attached to this form, please document any retrieval attempts.

Submitted by _____ Title _____
PLEASE PRINT NAME

Signature _____ Date _____

ATTACH BADGE HERE
TAPE AT TOP AND
BOTTOM

DO NOT STAPLE

SECTION III – AIRPORT USE ONLY

Date ID Received: _____

Received by _____ Comments _____

Removed from Access Control Manager STA CHRC Spreadsheet