

NOTIFICATION OF CHANGE IN STAFFING

(This form need only be completed for employees possessing security cards granting them entrance to County buildings and/or the parking garage)

TO: Courthouse Security (Courthouse)

FROM: _____, _____
Printed Name Department

DATE: _____

Following is information regarding an employee who has left my department:

Name _____

Effective Date of Termination _____

___ Please deactivate the security card assigned to the above person

or

Following is information regarding an employee who has been hired:

Name _____

Date of Hire _____

___ The security card previously assigned to _____ has been reassigned to this employee; or

___ Please assign a card to this employee for access to

___ buildings ___ parking garage ___ both

Signature of Elected Official/Department
Head or Designee

Phone Number/Extension