

**DEPARTMENT OF CORRECTIONS
FUNCTIONAL UNIT ID CARD COORDINATOR AGREEMENT**

Printed Name: _____ **Institution:** _____

Phone number: _____ **Primary Coordinator or**

Backup Coordinator

Manager's Printed Name: _____

Phone number: _____

Conditions of Agreement Include the Following:

- ✓ Insure that the LEDS and fingerprints have been completed on every request submitted.
- ✓ Verify legal name or approved contraction of name is on every request submitted.
- ✓ Insure that form is complete before sent to Department ID Card Coordinator.
- ✓ Multiple institution access must be defined and approved through other institution superintendent prior to submission of request for volunteers, contractors, other agency staff and service providers.
- ✓ Insure the Volunteer Program Manager has verified and signed that training is complete prior to submission of all Volunteer request forms.
- ✓ Volunteer must begin working within 30 days of receipt of request form by Department ID Card Coordinator.
- ✓ Photo and personal information must be verified before card is given to employee, contractor or volunteer.
- ✓ Exchange and return of old ID card with receipt of replacement ID card unless ID card is lost or stolen.
- ✓ Notify all appropriate staff, per policy, when an employee, contractor or volunteer is no longer allowed into the institution.

Upon signing this agreement you are acknowledging that you will be responsible for following the conditions and policy of an ID card coordinator.

Signature: _____

Date: _____

cc: Personnel File
Working File
Department ID card cords. File
CD1416
New 10/02

<p>Department ID Card Coordinator use only: Electronic Code _____ Date: _____ Initials: _____</p>
