HIGHLINE PUBLIC SCHOOLS

District Identification Badge Instructions

All employees and non-regular employees are required to have a district photo identification card to help maintain building security, as well as for use in the event of an emergency.

*(Non-regular employees include: substitutes, coaches, consultants, contractors, temporary workers, seasonal workers, etc.)*

In addition, under the Washington State Child and Adult Information Act (Chapter 486), Certificated and Non-Regular Applicants who have been selected to temporarily work in the district will have their fingerprints taken, at District Office., for use in a criminal record check.

**New employees and non-regular employees may have their photo taken at the District Office, located at:**

 **15675 Ambaum Blvd SW, Burien, WA 98166, Phone: 206-631-3000**

**http://highlineschools.org**

**The office hours for receiving ID badges for the 2019-20 School Year are as follows:**

**Wednesdays 10:30 am to 12:30am**

For verification purposes, when receiving your District ID, you must provide photo ID either in the form of a State Driver’s License, State-issued picture ID card, or passport.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  Non-Regular Employee** **[ ]  Regular Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Coach/Athletics Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Contracted Employee Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Intern [ ]  Administrator

[ ]  Substitute: [ ]  Classified [ ]  Certificated

 [ ]  Guest Employee [ ]  Guest Teacher [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Facilities [ ] Transportation

 [ ]  Community Partner CP Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorizing Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**