



# CLARKSVILLE COMMUNITY SCHOOLS

Office of the Superintendent • 200 Ettel Lane • Clarksville, IN 47129-1898  
(812) 282-7753 • FAX (812) 282-7754

## Access Card Replacement Authorization Form

I authorize Clarksville Community Schools to deduct \$5.00 from my payroll check on the next available payroll for replacement of my Employee Entry Access Card.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Office Employee Signature

\_\_\_\_\_  
Date

Payroll Date withheld: \_\_\_\_\_

TECHNOLOGY DEPARMENT USE ONLY:

Card was replaced by \_\_\_\_\_  
Technology Department

\_\_\_\_\_  
Date