



# AIRPORT ID BADGE SEPARATION FORM

Airport Police 810-235-0606  
Badging Office 810-250-7265

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

**BADGES NOT RETRIEVED FROM THE INDIVIDUAL AT TIME OF SEPARATION MUST BE REPORTED TO THE BADGING OFFICE IMMEDIATELY.**

## 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  STA  Avigilon  CHRC  RB CXL  ANTN  SS