

NYC PARKS DEPARTMENT

PARKS DEPT: AUTHORIZATION FORM

Today's Date: _____

Check Applicable Box:

Full Name: _____

Department / Program Affiliation: _____

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

Current Employee: Initial Badge ID
Replacement Badge ID
New Employee
Student: Fall Interns
Spring Interns
Summer Interns
Reece:
Contract Worker
Volunteer
Board Members

*****INTERNAL USE ONLY*****

ID CARD ISSUED DATE: _____

BADGE ID#: _____

ID CARD PICK-UP DATE: _____

ID CARD WAS GIVEN BY: _____

TOTAL FEE AMOUNT COLLECTED: _____

Employee/ Student/ Volunteer/ Contract Workers Signature: _____

Badge ID card cannot be transferred to a different person as such, a volunteer, another student, employee, parent, volunteer or contracted worker. Any individual found to be in violation of these guideline standards will be penalize and risk immediate dismissal from the Heckscher Building.