

YELLOW MEDICINE COUNTY BOARD OF COMMISSIONERS
POLICY MANUAL

Policy Statement

TITLE	CODE
Photo Identification Cards	504

REFERENCE

N/A

PERSONNEL RESPONSIBLE

County Employees, Elected Officials, Sheriff's Office and Emergency Management

EFFECTIVE

10/12/04, amended 05/22/07, amended 3/11/14

POLICY

504.100 Policy Statement – The County has developed a photo ID card/nametag ("ID Card") for all County employees. The ID Card will be used to identify personnel employed by the County to facilitate security, and to allow personnel access to various departments and buildings.

504.200 Eligibility – All employees of the County will be issued ID Cards.

504.300 Uses

- ID Cards will serve to identify its holder as an employee of the County and to which department/office he/she is assigned.
- Employees are encouraged to display ID Cards.
- Display of ID Cards may be required under special circumstances and emergencies.

504.400 Card Information – ID Cards will contain the following:

- Photograph
- Department or agency to which the employee is assigned and address
- Employee name and employee title
- Payroll ID number and Date of hire

All employees shall complete and sign a form that requests the above information

504.500 Responsibilities

- Department heads are responsible for having ID Cards issued to new employees.
- Each employee is responsible for the proper care, safekeeping and use of ID Cards.
- Department heads are responsible for gathering information needed and forwarding to the Sheriff's Office to make the ID Card, and for securing the return of ID Cards from former employees.
- Employees will be responsible for the costs of replacement if an ID Card is lost, stolen, damaged or for name changes to a card. The replacement fee is \$5.00. Stolen cards shall be reported to the Sheriff's Office immediately.
- ID Cards are the property of the county. Altering, mutilating, using another's ID Card or allowing another to use your ID Card will be grounds for disciplinary action.

AUTHORED BY: County Administrator

DATE: 3/1/14

APPROVED BY: County Board

DATE: 3/11/14

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YELLOW MEDICINE COUNTY ID CARD FORM

The Following information is mandatory for all ID Cards. Please provide the information in the space provided.

Name: _____

Department: _____

Title: _____

Agency Address/Phone: _____

Hire Date: _____

Payroll ID #: _____

I understand that I must turn in my ID Card to my supervisor upon the termination of my employment or elected term with Yellow Medicine County.

Employee Signature

Date

AUTHORED BY: County Administrator
DATE: 3/1/14

APPROVED BY: County Board
DATE: 3/11/14