



**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
FINANCE DEPARTMENT POLICY & PROCEDURE**

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SUBJECT: **EMPLOYEE IDENTIFICATION BADGES**

Policy No: **101.26**  
Revision No.: **5**  
Revision Date: **August 2004**  
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**PURPOSE:**

In order to ensure that only authorized personnel rendering services at Rancho Los Amigos National Rehabilitation Center are in work areas or in patient areas, it is essential that **ALL** personnel be properly identified. Personnel is defined as employees, contractors, students, agency personnel, and volunteers, whether they are permanent, temporary, or part time. This will also serve as protection for employees' personal belongings as well as patients' equipment. All personnel are required to wear a photo identification badge.

**POLICY:**

The Office of Human Resources shall issue photo identification badges to all employees by appointment only. Employees should call extension 7511 to schedule an appointment. Employees shall be required to sign the Issuance of Employee Identification Badge form (Attachment I) acknowledging receipt of the badge.

Each employee is required to wear, at all times while on duty, a photo identification badge provided by the Human Resources Office. This badge is to be worn so that it is visible, preferably at the lapel level, with employee's photo facing out, while on County premises.

As part of the security program, individuals failing to display photo identification badges shall identify themselves upon request to any employee. If an unidentified person does not give a satisfactory response, the employee should contact the area supervisor. It will be the responsibility of supervision and the Medical Center Police, if contacted, to ensure that persons who cannot properly identify themselves and their business, be referred away from the Medical Center.

**IDENTIFICATION BADGE REPLACEMENT PROCEDURES:**

It is the employee's responsibility to report any lost or stolen identification badge to the Office of Human Resources. The employee shall be required to sign an affidavit (Attachment II) stating that the identification badge was lost or stolen and cannot be found. The Office of Human Resources shall notify the Los Angeles County Police via the Report of Lost of Stolen Employee Identification Badge form (Attachment III).

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

EFFECTIVE DATE: January 1, 1994

Reviewed/Revised: April 2003  
Reviewed/Revised: August 2004  
Reviewed: November 2005

APPROVED BY:

Each employee will be required to pay for the replacement cost of his/her identification badge.

The replacement fee for lost or stolen identification badges is as follows:

First identification badge replacement:	\$25.00
Second identification badge replacement:	\$50.00
All subsequent identification badge replacement:	\$100.00

Employees who are on Rancho's payroll and are transferring to another facility or leaving the Department, shall return their photo identification badge to Human Resources. Employees who are not on Rancho's payroll, i.e., contract employees, students, agency personnel, and volunteers, shall return their photo identification badge to their department. The department will be responsible to ensure that the badge is returned to Human Resources.

NOTE: Identification badges for Rancho vendors are issued by Materials Management.

REFERENCE: RLANRC Policy #A201  
DHS Policy #940

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
OFFICE OF HUMAN RESOURCES

**ISSUANCE OF EMPLOYEE IDENTIFICATION BADGE**

This acknowledges that I have received a Rancho Los Amigos Employee Identification Badge. I am aware that the Identification Badge shall remain the property of the County of Los Angeles Rancho Los Amigos National Rehabilitation Center and shall at no time become part of my personal property.

Upon termination as an employee of Rancho Los Amigos, either by transferring to another County facility or leaving the County, I agree that I am to return the Identification Badge.

If at any time I need to replace my badge because it is lost, damaged, or destroyed due to negligence, I agree that I will pay a fee of \$5.00 (or current determined replacement fee) prior to reissuance of a badge. This fee will also apply if I do not return the badge at time of termination.

I am aware that it is my responsibility to immediately inform Human Resources if my badge is lost or stolen. I will be required to sign an affidavit stating that such Photo Identification Badge has been lost or stolen and cannot be found.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee No.

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

\_\_\_\_\_  
Date

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HUMAN RESOURCES USE ONLY

Date Issued	By H.R. Staff Person	Indicate Whether Original or Duplicate	If Duplicate, Reason for Issuing

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
OFFICE OF HUMAN RESOURCES**

**AFFIDAVIT OF LOST OR STOLEN  
EMPLOYEE IDENTIFICATION BADGE**

This is to verify that my Employee Identification Badge has been:

Lost

Stolen

I am requesting that a replacement badge be issued to me. I have paid the replacement fee.

I agree that if my original badge is found and returned to me, I will inform Human Resources immediately and return the badge.

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Employee Name (print)

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Employee No.

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Employee Signature

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Date

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
OFFICE OF HUMAN RESOURCES**

**REPORT OF LOST OR STOLEN EMPLOYEE IDENTIFICATION BADGE**

**TO: Los Angeles County Police, Attention Captain Clifford Tyus**

As required by County Code, the following information is being provided to you on lost or stolen Employee Identification Badges:

Name of Employee: \_\_\_\_\_ Employee No. \_\_\_\_\_

Employee's Position: \_\_\_\_\_ Employee's phone# \_\_\_\_\_  
(Work)

ID Badge was:  Lost  Stolen On \_\_\_\_\_ At \_\_\_\_\_  
(Date) (Location, if known)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Report Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Human Resources Staff Person

Contact: Sara Valdez, Ext. 7529

c: Consuela C. Diaz, CEO  
Elaine Palaiologos, Director, Human Resources

Fax to the Los Angeles County Police, Attention Captain Clifford Tyus- fax Ext. 8360