

Employee ID Loss Declaration

Government Agency Name

Employee Full Name

Designation / Position

Department / Unit

Employee ID Number

Date ID Was Lost

Circumstances of Loss

I hereby declare that I, as indicated above, have lost my official employee identification card. The loss has been reported in accordance with the procedures set by the agency. I understand that any misuse of the lost identification card remains my responsibility until it is officially invalidated.

Date of Declaration

Employee Signature

Agency Representative