## The City of Berwyn



## Robert J. Lovero Mayor

## A Century of Progress with Pride

## **Employee Identification Card Sign-Off**

Whenever on duty or acting in an official capacity representing the City of Berwyn, employees shall display their issued identification, in a courteous manner, to any person upon request. Employees have the discretion to delay the presentation or identification if doing so could compromise the safety of the employee or citizens. However, the employee should present the identification as soon as practical. Employees will not display their identification card on an outer garment while off duty or engaged in non-duty activity.

Misuse of the identification card may constitute grounds for termination of employment.

Identification cards should be updated when necessary due to changes in title, rank, department, name or appearance.

Upon ending employment or volunteer work for the City, all identification cards shall be returned to the Police Department's Information Services Unit. Exceptions may be made the Mayor or his/her designee for display in retirement type plaques

At the discretion of the Chief of Police, sworn full-time officers that retire may be issued identification that indicates they are a retired member of the Berwyn Police Department and when approved by the Chief of Police, HR218 rights may be affixed to the retired officer's identification.

If an employee loses their identification card, an official report must be filed with the Berwyn Police Department for documentation purposes. Employees needing a replacement identification card due to loss will incur a cost of \$25.00. A second loss of an identification card will cost the employee \$50.00, while a third and any subsequent losses will incur a cost of \$200.00 per occurrence. All costs for replacement identification are the personal responsibility of the employee.

As an employee of the city of Berwyn I acknowledge receiving a photo identification card and have read the policies above, understood them and agree to abide by said policies.

Employee Name (Printed):				
Employee Signature: _				
Date Received:	/	1	Star #, if applicable:	