



SAN DIEGO
INTERNATIONAL
AIRPORT

VOID CERTIFICATION

Employee's Name: _____

Badge Number: _____

Authorizing Agent (please print): _____

I do hereby certify that the above named employee of _____ will not require access to the San Diego International Airport for 30 days or more due to _____ leave of absence based on the following criteria:

- a) The above named employee will receive _____ benefits from the company during the time of his/her leave of absence.
- b) The approximate date of return is _____. I understand that I am required to renew this certification if the employee's leave of absence extends past the above date.

I further certify my knowledge of the SIDA/Sterile badge expiration date of _____. I fully understand that it is the responsibility of the Authorizing Agent and the employee to renew the badge no more than 30 days past the expiration date, and that all guidelines for renewal must be followed (i.e. acceptable ***original*** IDs and the ***original*** renewal form). I understand that my failure to do so will result in the badge being placed in a ***badge return status*** and the above named employee will complete the badging process upon his/her return.

Authorizing Agent Signature: _____

Date: _____

ACO Staff Signature: _____

Date: _____