

ACCESS CARD REQUEST

CARD HOLDER INFORMATION

Requesting User Group: _____

Reason for Request:

New Employee

Replacement Card (Mark reason below)

Contractor/Vendor

Temporary Employee

Estimated Job Completion Date: _____

Estimated Assignment End Date: _____

Reason for Replacement Card: Lost Stolen Damaged/Not Working

Other: (specify) _____

Card to Be Issued To (please print or type):

Name: _____

Position: _____

Normal Work Schedule: _____

REQUESTED ACCESS AREAS

Please provide floor number, room number and/or description for all requested access points:

AUTHORIZED ACCESS TIMES

Days of the Week: Mon Tue Wed Thur Fri Sat Sun

Holidays: Yes No

Authorized Entry Times: From _____ AM/PM To: _____ AM/PM

Other: _____

AUTHORIZATION

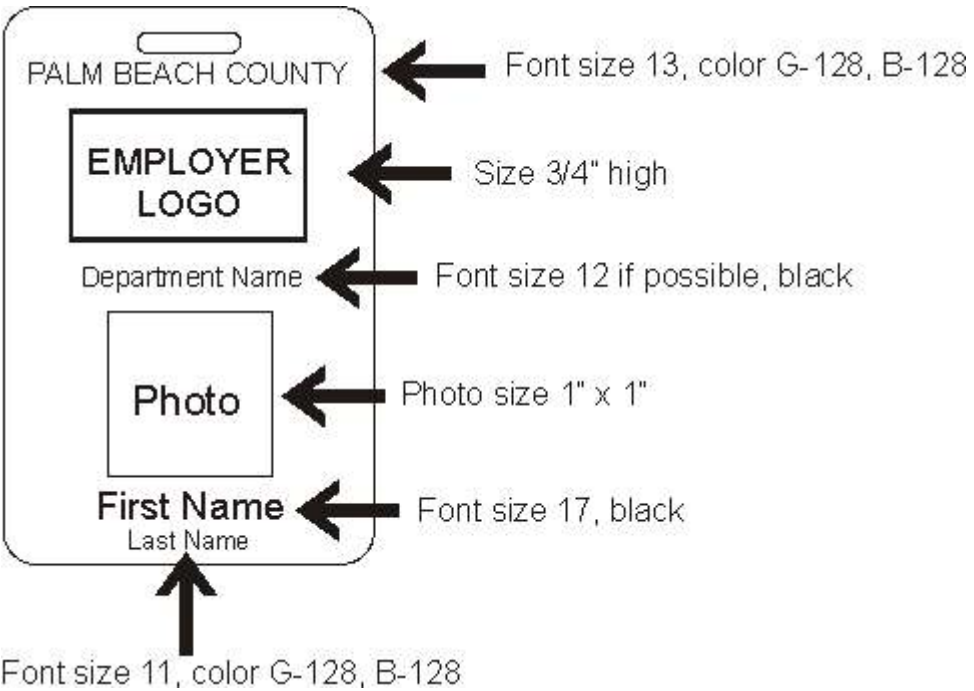
Authorized By: (print name) _____

Signature: _____ **Date:** _____

SEND COMPLETED FORMS TO ELECTRONIC SERVICES AND SECURITY.
ATTACHMENT B

BADGE TEMPLATE

Badge overlays for Staff are different. These both the first and last one line, in black, font 13. The position title will be below the name in font size 13 - color G-128, B-128.



Security will have name on size 13. immediate font size

ATTACHMENT C
ACCESS CARD RECEIPT

Name: _____ Card Number: _____

Employer: _____ Department: _____

By signing below I agree I have received the access card listed above. I understand this card is for my use only. If the card stops working, I will be issued a replacement at no charge. If I break or lose the card, I will be required to pay \$5.00 for a replacement. I also understand and agree this access card must be returned on my last day of employment.

Signed: _____ Date: _____

Below for Electronic Services and Security Use Only

CARD RETURN RECORD

Returned By: _____ Date: _____

CARD CANCELLATION RECORD

Lost Card:

Date: _____ New Card No. _____ Issued By: _____

Card Not Returned:

Termination Notice Received From: _____ Date: _____

Card Cancellation Processed By: _____ **Date:** _____

ATTACHMENT D
AUTHORIZED SIGNATURE FORM
ACCESS CARD REQUESTS

The individual(s) listed below are authorized to request access cards for the Governmental Center Complex:

USER GROUP/AGENCY: _____

NAME: _____ **POSITION:** _____
(PRINT)

SIGNATURE: _____ **DATE:** _____

NAME: _____ **POSITION:** _____
(PRINT)

SIGNATURE: _____ **DATE:** _____

NAME: _____ **POSITION:** _____
(PRINT)

SIGNATURE: _____ **DATE:** _____