

SELECT ACTION

REQUEST FOR FACILITY ACCESS CREDENTIAL/OFFICE KEY(S)

SECTION 1: EMPLOYEE INFORMATION			
EMPLOYEE NAME: Name Change:			
EMPLOYMENT ADDRESS (HEADQUARTERS):		Mail Code	Facility ID Room
AGENCY THAT YOU ARE EMPLOYED WITH: EMPLOYMENT STATUS:		PROGRAM/DEPARTMENT NAME:	
<input type="checkbox"/> TEMPORARY/VENDOR/VOLUNTEER -			
VENDOR INFORMATION		Company Name: Contact Person: Contact Number:	

SECTION 2: ACCESS REQUEST (Check all that apply)

Electronic Keyless Access Code
GYW f]Jm5`Ufa `7 cXY

Hours of Access:
 8:00am-5:00pm 7:00am-7:00pm 24 hours

Area(s) Access Required:
Access to Multiple Offices Required:
List Address Locations:

- 1.
- 2.
- 3.

If more than three addresses/areas, please list on a separate sheet.

BUSINESS OFFICE USE FOR REPLACEMENTS		
	Key/Card #	Date
Issued Replacement		
DAMAGED		
LOST		
Issued Replacement		
DAMAGED		
LOST		

OFFICE KEY REQUEST (Check all that apply)

INTERNAL KEYS # Requested **EXTERNAL KEYS # Requested**

SECTION 3: SIGNATURES
EMPLOYEE'S AGREEMENT TO TERMS AND CONDITIONS

I understand that the key, access code and/or card issued is for **my use only**. I agree not to share with anyone. I will exercise every responsible precaution to safeguard. Upon loss, theft or if compromised, I agree to immediately notify the local Office Coordinator/Supervisor/Regional Administrative Services within **24 hours**.
Separation of Employment/Transferring Agency/Expiration of Authorization: Upon expiration of the period of authorization or upon separation or transfer from the agency, job, or office, I agree to return the key and/or access card to the office coordinator/supervisor.
After Working Hour Usage: Upon entering the office during non-duty hours, I agree to secure the office and exercise normal security precautions. Upon exiting the office for any reason, I will secure the building. I have been advised of access and exit procedures in offices protected by additional security systems. I agree to use these procedures when entering and exiting the building.
Agreement to Comply: My signature indicates agreement to comply with above-stated procedures.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR APPROVAL

SUPERVISOR SIGNATURE: _____ DATE: _____
 PRINTED NAME: _____ PHONE/EXT#: _____

SECTION 4: ISSUANCE AND RETURN
ISSUANCE OF KEY ACCESS CARD

(If Applicable)
ELECTRONIC KEY ACCESS CARD ISSUED: CARD NUMBER (Original):

RETURNED ITEMS

KEY(S) RETURNED: YES NO NUMBER OF KEYS RETURNED: Comments:
 ELECTRONIC KEY ACCESS CARD RETURNED: YES NO CARD NUMBER:

Authorized Signature _____ DATE: _____