Attachment B - Access Card Application

Applicant Name: _____ Date: _____

Applicant Signature: _____ Emergency Contact name: _____

Driver's License ID#: _____ Emergency Contact phone #: _____

Parking Hang Tag #: _____

Company: (check box)

☐ System Administration ☐ Construction Fund ☐ Research Foundation

Office/Dept./ Name: _____

Building: ☐ Plaza/Fed. ☐ 10 N. Pearl ☐ Rockefeller Gov't. ☐ Charter Schools ☐ Global

Office Room #: _____ Employee Email: _____

Office Phone #: _____ Employee Title: _____

Type of id:

☐ Employee ☐ Contractor (contracted labor) ☐ Consultant (Professional service) ☐ Vendor/Farmer's Market

Action being requested:

☐ New ☐ Modify Existing

☐ M-F 6am-6pm (Contractors/Vendors)
☐ M-F 6am-10pm, weekends 6am-6pm (General Staff)
☐ 24/7, 365 (Senior Staff, Designated IT, Data Center, Special Events, and Engineering)
☐ 24/7, 365 (Parking Garage)

Extra Door Access:

Will this employee need access to any additional doors? If yes, explain below. (e.g., IT closet; back entry; loading dock)

_____

The following representatives certify that the individual is authorized to receive an employee "Access card" with the recommended authorization level and hours of access as requested above.

Supervisor or Responsible Individual: _____ Date _____

Human Resources: _____ Date _____

Parking Garage: _____ Date _____

For University Police, System Administration Use only
Card Created By:

Printed Name Signature Date