



ACCESS CARD REQUEST FORM

Five empty rectangular boxes for inputting employee information.

Employee's Name

Employee ID No.

Division/Department

Office Phone

Home Phone

Please issue above employee card access BEYOND NORMAL COLLEGE HOURS to the following (Electronic form users-- To mark a desired box, double-click desired "[]" and choose "checked"):

CITY PARK CAMPUS BUILDINGS:

- Grid of checkboxes for campus buildings: 01 Isaac Delgado Hall, 02 Student Services Center, 04 Weiss Allied Health Center, 05 Joey Georgusis Center, 06 Martin Hall, 07 Thames Hall /Library, 08 Workforce Development/ Continuing Ed, 09 Workforce Development, 10 Francis E. Cook Building, 11 Michael L. Williamson Complex, 14 Ochsner Center for Nursing & Allied Health, 22 Technology Building/ Post Office, 23 Student Life Center, 37 O'Keefe Administration Bldg.

Additional Specific Information (Room numbers, as applicable), etc:

Empty rectangular box for additional information.

OTHER CAMPUS BUILDINGS (Check Campus Location):

- Checkboxes for other campus locations: West Bank, Charity, Sidney Collier Site, River City Site, Jefferson Site, Other: []

Specify Buildings, Room Numbers as applicable:

Empty rectangular box for specifying buildings and room numbers.

DAYS & HOURS OF ACCESS:

- Checkboxes for access options: College Hours, 6:00 a.m. - 10:30 p.m. - 7 Days, Unlimited - 24 hours/ 7 days, Limited Access (list below):

Limited Access: []

Issuance of Access Card

I understand and agree that the access card issued upon approval of this request is the property of the College and I further acknowledge responsibility and accountability for the card. I will report loss or theft of the card to Central Control Access Administrator in the Campus Police Department immediately and to my department head. I also understand that the access card is issued for my exclusive use and may not be duplicated, loaned or used to allow any unauthorized person into a controlled area. I further understand and agree that my full cooperation will be expected during any investigation concerning a security matter that might have occurred in a controlled facility during a time when my presence in the facility has been recorded by the system. I further agree to remain knowledgeable of and abide by the College's Controlled Access policy while in possession of the card, and I understand that any violations of this policy may result in revocation of access card use and/or disciplinary action.

Employee's Signature: _____ Date: _____

Approved: [] Division/Department Head Date Executive Dean/Vice Chancellor Date (as applicable) Department Access Control Manager Date Central Access Control Administrator Date

Replacement Card Issued

I acknowledge receipt of replacement access card and the payment of \$10.00 replacement fee.

Employee's Signature: _____ Date: _____

Approval Signature: _____ Date: _____ Division/Department Head