

EMPLOYEE INFORMATION

Information regarding the employee responsible for the requested access.

Name: _____
First Last

Email Address: _____

Prox Card Number: _____ Key Number: _____
(Five digit # located on back of card) (Located on existing employee keys)Division: _____
Contact Name Contact Email AddressEmployee Classification: ☐ Admin/CMS ☐ Classified
☐ Full-time Faculty ☐ Adjunct Faculty (Expires Annually June 30)
☐ Short Term Hourly ☐ Other _____Key/Prox Card: ☐ New Key ☐ New Prox Card
☐ Additional Prox Card Access ☐ Replacement Key / Prox Card**AREA ACCESS**

Please identify locations. Do not list key numbers.

Add	Building/Area	Room#/Gate#	Add	Building/Area	Room#/Gate#
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Reason / Description for Access

AUTHORIZATION

All District keys and access cards assigned to an employee must be returned to the Human Resources Office at the time of employee separation from the District. I have read and understand Board Policy AP 3501 Campus Security and Access.

Name, Supervising Dean/Director/Administrator Signature Date

Purchasing Director Signature Palmdale Center Dean Signature Date
(Only required for Warehouse access) (Only required for Palmdale Center access)

If requesting an X, A, and/or M, key, signature from the VP of Administrative Services is required.

Vice President, Administrative Services Signature Date

SUBMIT SIGNED AND COMPLETED FORM VIA THE FACILITIES SERVICES WORK REQUEST SYSTEM
EMPLOYEE RESPONSIBLE WILL RECEIVE AN EMAIL WHEN KEYS ARE READY FOR PICKUP AT FACILITIES SERVICES