



EMPLOYEE INFORMATION Information regarding the employee responsible for the provided authorized access. Name: First Last Prox Card Number: Key Number: (Five digit # located on back of card) (Three or Four digit # located on existing employee keys) Email Address: _____ Division: **Email Address** Contact Name **Employee Classification:** Admin/CMS Classified Adjunct Faculty (Expires Annually June 30) Full-time Faculty Short Term Hourly **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 **REMOVE** Building/Area Room#/Gate# ADD REMOVE Building/Area Room#/Gate# **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

Palmdale Center Dean Signature

(Only required for Palmdale Center access)

Date