



ACCESS CONTROL REQUEST FORM

Print Full Name _____

Preferred First Name you would like on ID Card: _____

SSN: _____ DOB: _____

It is the responsibility of each approved user to take every precaution to ensure the security of the access control card and information relevant to its use and prevent it from use by unauthorized individuals. The borrowing of the access control card by another user (authorized or unauthorized) is strictly prohibited. It is the responsibility of the user to report lost or stolen cards to Security immediately at 355-5296.

Failure by an employee to take such precautions will be grounds for disciplinary action in accordance with policy HRP 12, Progressive Disciplinary Action.

In such cases as an employee transfers to another department or leaves VEI employment, the employee is required to return the access control card to his/her department team leader. Failure to return the access control card will result in a charge of \$30.00 being deducted from the employee's paycheck. This fee will also apply to lost cards. Damaged, broken or non-working cards will be dealt with on an individual basis.

I agree to the terms herein. I will take all reasonable precautions to ensure the security of the access control card.

Signature: _____ Date: _____

HR use only:

New Hire: Rehire: Transfer: Start Date: _____

Employee ID: _____ Photo: Yes No

Primary Site: _____

ID Card should be sent to: _____ @ _____

If Applicable:

Credentials: _____

Certified: _____

Degree: _____

Title: _____

Contact name and date of when Access Control Form and photo was sent to Safety & Security:

_____ Initials of who sent: _____

Card number issued: _____