



# ACCESS CARD REQUEST FORM

## INTERNAL SERVICES DEPARTMENT

Please direct this form to:

### A. GENERAL INFORMATION:

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employee # \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Department Name: \_\_\_\_\_ FAMIS Index code: \_\_\_\_\_

Account: \_\_\_\_\_ Dept. ID: \_\_\_\_\_ Fund: \_\_\_\_\_ Grant: \_\_\_\_\_

Activity: \_\_\_\_\_ Project: \_\_\_\_\_

Building Name: \_\_\_\_\_ Building Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Sup. E-mail address: \_\_\_\_\_

Supervisor's Telephone #: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Building Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### B. ACCESS REQUIRED: PLACE AN (X) NEXT TO THE ACTION REQUIRED

New Card Number: ( \_\_\_\_\_ ) Old Card Number: ( \_\_\_\_\_ )

- ☐ NEW CARD
- ☐ REPLACEMENT CARD
- ☐ DELETED CARD
- ☐ REMOVE ACCESS
- ☐ DAMAGED CARD
- ☐ LOST CARD
- ☐ OTHER

Please note that employees may have access cards issued by other ISD managed buildings. It may be possible to program these cards to your particular site and provide the additional access requested. Please let us know if this is the case by writing a statement below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. DETAILED JUSTIFICATION FOR REQUEST:

#### FOR ISD USE ONLY:

Card Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received at the ISD Card Processing: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of employee receiving card: \_\_\_\_\_

Please note that there is a \$25.00 charge for lost cards (no charge if department purchases the cards). A replacement card will be provided at no cost if this request is accompanied by a police report detailing the lost or stolen card. Lost or stolen cards must be reported within 24 hours.