

Department of Administration & Information

General Services Division

ID / Card Access Agreement

Employee Name: _____

First

Middle

Last

(Preferred First Name)

Office Phone: _____

Birth Date: _____

Personal Vehicle(s): _____

Make/Model

VehicleLicense#

Parking Permit #

Permit Type

Employee Status (circle one):

Permanent

Temporary

Contract

Job Title: _____

Agency/Division: _____

Building: _____

Card/Permit Type:
(circle one)

ID/Access Card

Parking Permit

I, the undersigned, acknowledge receipt of the ID/Access Card/Key/Parking Permit designated below. I also agree not to loan, transfer, give possession of, misuse, modify, or alter the designated ID/Access Card/Key or parking permit. I further agree not to cause, allow or contribute to the making of any unauthorized copies of these cards/keys or permit.

I understand and agree that I will annually produce this ID/Access Card/Key or parking permit for inventory verification. I understand and agree to return ID/Access Card/Key or parking permit upon transfer to another Department, or termination of my employment with the Department listed above.

Employee E-mail Address: _____

Employee Name Printed (please print full name): _____

Employee Signature: _____

Date: _____

Agency Authorization Signature: _____

Agency Authorization Name Printed: _____

Date: _____

Access To:

Building(s): _____

Door(s): _____

Room(s): _____

Access Time(s):
(circle one)

6am-7pm M-F

6am-9pm M-F

24x5
(M-F all hours)

24x7

6am-7pm
7days/week

6am-9pm
7days/week

Office Use Only: _____

General Services Approval: _____

Date: _____

No doors shall be blocked open for *any* reason.