





## RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT TEST PILOT: ACCESS CREDENTIAL AUTHORIZATION FORM (EMPLOYEES ONLY)

Reque	ester's Ir	nformation									
PRINT:								DATE:			
	Lo	ast Name, First Name, M.I									
	TITLE:							E-MAIL:			
	DEPT:							PHONE:			
EMPLO	YEE ID:			BADG	E #:						
REASC	N FOR	☐ New Employee			Replace	e Defective	Access Credent	tial 🗌 New Spa	ce		
REC	QUEST:	☐ Existing Employee			Replace	Lost Acce	ess Credential	☐ Other:			
	Check all ti	- · ·			<u>'</u>			-	Please s	pecify	
RECIPIENT'S   Staf		☐ Staff	☐ Full-Time					☐ Other:			
STA	TUS:	☐ Faculty	☐ Part-Time						Please s	specify	
Areas	Requiri	ing Access									
	DESCRIPTION		SECURITY OFFICE USE ONLY						SECURITY OFFICE USE ONLY		
			Key Number	Key	Access			RIPTION	Key Number	Key	Access
SITE	(Bld	lg/Room#/Room Type)	,	Code	Level	SITE	(Bldg/Room#	‡/Room Type)	, , , , , , , , , , , , ,	Code	Level
							_				
Reguli 1) of IV. 2) en 3) AL	ation 65 A receip return a F, Retur District nployee Employ -3 = \$10 ued unticess Cor	that by signing this for 20, and Key and Electron will be provided to us a condition of final ching and Collecting Key Safety and Security Coutilizing the Lost, Stores may be assessed 20; AL-4 = \$50; AL-5 = 11 assessed fees are pointrol Procedures).	tronic Acce employee exit interv eys of Key Office shall len, or Unr a lost key \$25; Cabii	ess Coa upon iew ai and E be no eturna penal net Ma	ntrol Pi return nd com Electror otified i ed Acce ty fee. aster =	rocedure of keys. pletion o nic Acces f a key is ess Crede Penalty \$10; Ca	es including, be Human Resconf returning E s Control Proserving I serving I	out not limited ources will red District proper cedures). t, stolen, or n Form. sessed are as sk = \$3. New	d to: quire receip ty. Refer to ot returne follows: A keys will n	ot for p to Sect d by NL-2 = ot be	oroof tion \$150;
	SIGNAT								DATF:		

UPON COMPLETION OF SIGNATURE, ROUTE FORM TO SUPERVISOR FOR APPROVAL/SIGNATURE.

	APPRO	VAL SIGNATI	URES			
Supervisor's Sign	nature (REQUIRED FOR ALL ACCESS DEVICES)					
					APPROVED?	
1)					☐ Yes	☐ No
Supervisor - PRINT	NAME	SIGNATURE		DATE		
<b>Division Vice Presi</b>	ident or Assistant Vice Chancellor Sign	<b>ature</b> (REQUIRE	ED FOR ALL ACCESS DEV	/ICES)		
					APPRO	VED?
2a)					☐ Yes	☐ No
Division Vice Presid	dent or Assistant Vice Chancellor - PRINT NAME	SIGNATURE		DATE		
2b)					☐ Yes	□ No
· · · · · · · · · · · · · · · · · · ·	(only required for Digital Media Center site)	SIGNATURE		DATE	☐ 1C3	
	Of (REQUIRED FOR ALL ACCESS DEVICES)	SIGNATURE		DATE		
Sice Flammistrate	(NEGOMED FOR ALL ACCESS DEVICES)				APPRO	OVED?
3)					☐ Yes	□ No
	; VP Adult Ed; or Assistant VC Facilities	SIGNATURE		DATE	□ 163	
· · · · · · · · · · · · · · · · · · ·	nd Security FINAL Approval (REQUIRE		S DEVICES)	27.1.2		
District Sujety ur	Ta Security This LE ripproval (MEQOME	D T ON ALL ACCES	3 DE VICES,		APPRO	OVED?
4)					☐ Yes	□ No
	Security (or designee) - PRINT NAME	SIGNATURE		DATE		
	SECURI	TY OFFICE USE O	NLY			
Issue Date:	Processed By:		Access Card Expir	ation Date:		
Date Returned:	Processed By:					_
Date Returned:	Processed By:					
Date Returned:	Processed By:		_			
Date Returned:	Processed By:	·	_			
Date Returned:	Processed By:					

Safety and Security shall notify employee when access credential(s) are activated and/or available for pickup.