



GENERAL SERVICES
smart stewardship

EMPLOYEE IDENTIFICATION OR BUILDING ACCESS CARD AUTHORIZATION

Please bring a form of identification when receiving your State I.D.

Name: _____
(Please Type or Print Clearly)

Address: _____ City: _____ Zip: _____
(Out of Town Requests Only)





Agency: _____

Division: _____

Employee #: _____

What building does this employee need access to? _____

Access Level Requested: Please select one choice.

<p>Identification Card Only Requires No Access Card</p> 	<p>Low Level Access 5:00 A.M. – 11:00 P.M. Monday thru Friday</p> 	<p>Mid Level Access 5:00 A.M. to 11:00 P.M. 7 days</p> 	<p>High Level Access* 24 hours - 7 days a week</p> 
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Employee Signature

Date

Supervisor Signature

Date

Authorized Personnel Signature

Date

Please Print Authorized Personnel Name