

ACCESS CARD/NEW USER REQUEST AUTHORIZATION REQUEST FORM

Employee Name: _____
Department: _____
Manager: _____
Badge Number: _____

Please choose one:

- New Card Replacement Card Reassign Existing Card #
 Terminate Access Card Temporarily Terminate Access Card Permanently

Please choose one:

- New Employee Current Employee Contractor (1099) Other: _____

Authorized Request: (Please check one)

- Unlimited (Including after hours) CFM - 002
 Monday-Friday (Including after hours)
 Monday-Friday (No after hours)
 Holiday and Weekends (Including afterhours)
 Customized (VP authorization only)
 Other (VP authorization only)

Deactivate this card (Choose reason for deactivation)

- Lost Broken/Not working Terminated

THE HUMAN RESOURCES DEPARTMENT MUST BE NOTIFIED IMMEDIATELY IF ACCES CARD IS LOST, STOLEN, OR IF EMPLOYEE IS NO LONGER AUTHORIZED FOR AFTER-HOURS

Date: _____

Authorized Representative: _____

Print Name of Representative: _____