



**RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
ACCESS CREDENTIAL AUTHORIZATION FORM (EMPLOYEES ONLY)**

Requester's Information

PRINT: _____ DATE: _____
Last Name, First Name, M.I

TITLE: _____ E-MAIL: _____

DEPT: _____ PHONE: _____

EMPLOYEE ID: _____ ID BADGE #: _____

REASON FOR REQUEST: New Employee Replace Defective Access Credential New Space
 Existing Employee Replace Lost Access Credential Other: _____
Check all that apply *Please specify*

RECIPIENT'S STATUS: Staff Full-Time Other: _____
 Faculty Part-Time *Please specify*

Areas Requiring Access

SITE	DESCRIPTION (Bldg/Room#/Room Type)	SECURITY OFFICE USE ONLY			SITE	DESCRIPTION (Bldg/Room#/Room Type)	SECURITY OFFICE USE ONLY		
		Key Number	Key Code	Access Level			Key Number	Key Code	Access Level

I understand that by signing this form, I agree to the terms and conditions of Board Policy and Administrative Regulation 6520, and Key and Electronic Access Control Procedures including, but not limited to:

- 1) A receipt will be provided to employee upon return of keys. Human Resources will require receipt for proof of return as a condition of final exit interview and completion of returning District property. Refer to Section IV.F, Returning and Collecting Keys of Key and Electronic Access Control Procedures).*
- 2) District Safety and Security Office shall be notified if a key is reported lost, stolen, or not returned by employee utilizing the Lost, Stolen, or Unreturned Access Credential Report Form.*
- 3) Employees may be assessed a lost key penalty fee. Penalty fees to be assessed are as follows: AL-2 = \$150; AL-3 = \$100; AL-4 = \$50; AL-5 = \$25; Cabinet Master = \$10; Cabinet File/Desk = \$3. New keys will not be issued until assessed fees are paid. (Refer to Section IV.G, Key Loss or Failure to Return of Key of Electronic Access Control Procedures).*

EMPLOYEE SIGNATURE: _____ **DATE:** _____

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

APPROVAL SIGNATURES		
Supervisor's Signature (REQUIRED FOR ALL ACCESS DEVICES)		
1) _____ <i>Supervisor - PRINT NAME</i>	_____ <i>SIGNATURE</i>	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Division Vice President or Assistant Vice Chancellor Signature (REQUIRED FOR ALL ACCESS DEVICES)		
2a) _____ <i>Division Vice President or Assistant Vice Chancellor - PRINT NAME</i>	_____ <i>SIGNATURE</i>	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
2b) _____ <i>Executive Director (only required for Digital Media Center site)</i>	_____ <i>SIGNATURE</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Administrator (REQUIRED FOR ALL ACCESS DEVICES)		
3) _____ <i>VP Admin Services; VP Adult Ed; or Assistant VC Facilities</i>	_____ <i>SIGNATURE</i>	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
District Safety and Security FINAL Approval (REQUIRED FOR ALL ACCESS DEVICES)		
4) _____ <i>Chief of Safety and Security (or designee) - PRINT NAME</i>	_____ <i>SIGNATURE</i>	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
SECURITY OFFICE USE ONLY		
Issue Date: _____	Processed By: _____	Access Card Expiration Date: _____
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.