

# HOWARD COMMUNITY COLLEGE

Dept./Div.:

## Access Card Request/Issuance (PLEASE TYPE/PRINT)

Name:

Last

First

Initial

Tel. Ext:

### PLEASE READ CAREFULLY

In order to fulfill my responsibilities, it is requested that the below listed access card and level(s) be issued to me. It is understood that when the access card is no longer needed, it will be returned to Campus Safety. I also understand my responsibility for the proper use and care of the access card issued to me and that my responsibility extends to the equipment contained in the area opened. It is understood that if my access card is lost or misplaced, **THE FEE FOR A REPLACEMENT ACCESS CARD IS \$25**. If I lose the access card, I agree to accept responsibility and pay the college \$25 for a new card within 30 days. If I fail to pay the college within 30 days, my signature below authorizes payroll to deduct the \$25 from my paycheck. Upon termination of my employment, the access card must be returned prior to receiving my final paycheck. **UNDER NO CIRCUMSTANCES WILL THE ACCESS CARD BE GIVEN TO UNAUTHORIZED INDIVIDUALS.**

### ACCESS CARD AND LEVEL(S) REQUIRED

BUILDING	ROOM NO.	ACCESS CARD NO.	LEVEL(S) OF ACCESS
Similar Access as: _____		<input type="radio"/> Picture ID Only: No Clearance Needed	
EXTEND UNLOCK DOOR PROGRAMMING OPTION		<input type="radio"/> YES (Swiped Door will remain open based on the door programmed scheduled)	<input type="radio"/> NO (Swiped door will be locked as soon as door is closed)

Signature:

Date:

### APPROVAL SECTION

In all cases, approval by the immediate supervisor is required to authenticate the need. When an access card is requested for an area under another department head or division, then approval must also be obtained.

- Approved \_\_\_\_\_  
 Disapproved Supervisor (Print Name and Signature) \_\_\_\_\_ Date \_\_\_\_\_
- Approved \_\_\_\_\_  
 Disapproved Department Head/Division Chair (Print Name and Signature) \_\_\_\_\_ Date \_\_\_\_\_
- Approved \_\_\_\_\_  
 Disapproved Vice President (required for Associate Clearance or higher) (Print Name and Signature) \_\_\_\_\_ Date \_\_\_\_\_

### SIGNATURES

Card Received \_\_\_\_\_ Issued By \_\_\_\_\_  
 Signature Date Signature Date