



## Identification/Access Card Form

For state employees to receive a new access card, change access level, update employee information, or replace a card, please complete and submit this form to your Agency Card Coordinator. *Handwritten forms are not accepted.*

EMPLOYEE INFORMATION		
Last Name:	First Name:	MI:
Position Title:		Last 3 digits of State Employee No:
Agency:		Agency Number:
Building Name:	Address:	Floor/Room Number:
Email:	Work Phone:	

The undersigned acknowledges receipt of the Identification/Access Card supplied by the Department of General Services.

By accepting this Card, I agree that I will:

- Use the card only for my identification and authorized access to state facilities,
- Safeguard the Card and not allow it to be used by anyone else,
- Notify the Agency Coordinator immediately if the Card is lost or stolen,
- Pay the \$15.00 fee if my Card needs to be replaced, and,
- Return the Card to the Agency Coordinator immediately upon termination of my employment.

<b>Employee Signature:</b>	<b>Date:</b>
----------------------------	--------------

ACTION REQUESTED (SEE SECOND PAGE IF MORE THAN THREE LINES ARE NEEDED)				
New Employee Start Date: New: <input type="checkbox"/> Rehire: <input type="checkbox"/> Transfer: <input type="checkbox"/>		Access Level Change: <input type="checkbox"/>		
Termination: <input type="checkbox"/> Effective Date:		Replace Card Broken: <input type="checkbox"/> Lost: <input type="checkbox"/> Stolen: <input type="checkbox"/> Name Change: <input type="checkbox"/>		
Building No.:	Access Group: Work unit/building name & floor number	Access Level: Level I, II, or III	Effective Date:	Expiration Date:

**Access Level Choices:**

**Level I:** Regular building operating hours | **Level II:** 5/24 - 5 days a week, 24 hours per day (no holidays) | **Level III:** 7/24 - 7 days a week, 24 hours per day (including holidays) \*Approve the MINIMUM Access Level required for each employee. AFTER HOURS BUILDING ACCESS CAN BE PROVIDED ON A TEMPORARY BASIS TO MEET OPERATIONAL NEEDS (For example: General Assembly Session, Fiscal Year-end, or Special Projects). In the case of an emergency, employees may contact the 1stService Desk at (804) 786-3578 for assistance in afterhours building access.

<b>Signature of Agency Supervisor:</b>	<b>Print Name:</b>	<b>Date:</b>
--	--------------------	--------------

<b>Signature of Agency Head or Designee:</b>	<b>Print Name:</b>	<b>Date:</b>
--	--------------------	--------------

Access Card Number:	Date:
---------------------	-------

