



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.

Employee Signature:	Date:
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ACTION REQUESTED				
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:	Access Level:	Effective Date:	Expiration Date:

Signature of Agency Supervisor:	Date:
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Signature of Agency Head or Designee:	Date:
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Access Card Number:	Date:
Access Card Number:	Date:
Access Card Number:	Date: