Microbiology & Physiology
Key & ID Card Access Request Form

**DATE:**

**EMPLOYEE INFORMATION:**

|  |
| --- |
|  |
| Last Name, First Name  | Position  | Phone #  | Email  |
|  |

Department Lab APID / ZPID (ID number on the front of card) 6-digit code on back of ID card

**JUSTIFICATION:**

New Employee: \_\_\_\_\_\_ Office Move:\_\_\_\_\_ Lost Key: \_\_\_\_\_ Leaving :\_\_\_\_\_ Update: \_\_\_\_\_\_ Other: \_\_\_\_\_

**KEY(S) REQUESTED: OFFICE USE ONLY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Building | Room # | Key # |  | Issue Date | Return Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ID CARD ACCESS REQUESTED: OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Building | Floors |  | Access Removed |
|  |  |  |  |  |  |
|  |  |  |  |  |

***\*Note: MMG is 4,5,6. PSL Dept. is 2,3,4… Mailroom is BPS 2209***

|  |
| --- |
| **EMPLOYEE ACKNOWLEDGMENT & PHOTO/VIDEO RELEASE:** I understand that this key/card access is entrusted to me, and I will not lose, duplicate, loan, or exchange this key for any reason. I grant MMG/PSL/MSU the right to take photos/videos of me and agree to use with or without my name for any lawful purpose, including publicity and web content. When this key/access is no longer required, I will return the key or inform the staff in Room 1104. Employee Signature (eSignature is acceptable)  |

***\*Note: Employee must present this form with ID in 1104 BPS to be issued keys and ID card access.***

 **REQUEST APPROVAL:**

All key & ID card access requests must be approved by an MMG/PSL Authorized Approver. MMG/PSL Building Access Manager will issue the appropriate key(s) and ID card access to meet needs as identified above.

Unit Authorized Approver (Faculty Supervisor)/PI Signature of Approval (eSignature is acceptable) Date:

 **FOR MMG OFFICE USE ONLY:**

Keys Assigned - Initials: Spreadsheet Updated: Building Access – Initials:

Date: Date: Date: