



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

<b>Requester's Information</b>			
PRINT: _____ <i>Last Name, First Name, M.I</i>	DATE: _____		
TITLE: _____	E-MAIL: _____		
DEPT: _____	PHONE: _____		
EMPLOYEE ID: _____	ID BADGE #: _____		
REASON FOR REQUEST:	<input type="checkbox"/> New Employee	<input type="checkbox"/> Replace Defective Access Credential	<input type="checkbox"/> New Space
	<input type="checkbox"/> Existing Employee	<input type="checkbox"/> Replace Lost Access Credential	<input type="checkbox"/> Other: _____ <i>Please specify</i>
<i>Check all that apply</i>			
RECIPIENT'S STATUS:	<input type="checkbox"/> Staff	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Other: _____ <i>Please specify</i>
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Part-Time	

<b>Areas Requiring Access</b>									
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.*

<b>APPROVAL SIGNATURES</b>		
<b>Supervisor's Signature</b> (REQUIRED FOR ALL ACCESS DEVICES)		
1) _____ <i>Supervisor - PRINT NAME</i>	_____ <i>SIGNATURE</i>	<b>APPROVED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Division Vice President or Assistant Vice Chancellor Signature</b> (REQUIRED FOR ALL ACCESS DEVICES)		
2a) _____ <i>Division Vice President or Assistant Vice Chancellor - PRINT NAME</i>	_____ <i>SIGNATURE</i>	<b>APPROVED?</b> <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
<b>Site Administrator</b> (REQUIRED FOR ALL ACCESS DEVICES)		
3) _____ <i>VP Admin Services; VP Adult Ed; or Assistant VC Facilities</i>	_____ <i>SIGNATURE</i>	<b>APPROVED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>District Safety and Security FINAL Approval</b> (REQUIRED FOR ALL ACCESS DEVICES)		
4) _____ <i>Chief of Safety and Security (or designee) - PRINT NAME</i>	_____ <i>SIGNATURE</i>	<b>APPROVED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECURITY OFFICE USE ONLY</b>		
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.*