

Microbiology & Molecular Genetics

Key & ID Card Access Request Form

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|   |

**DATE:**

**EMPLOYEE INFORMATION:**

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

Department MMG Lab APID / ZPID 6-digit code on back of ID card

**JUSTIFICATION:**

New Employee: \_\_\_\_\_\_ Office Move: \_\_\_\_\_\_ Lost Key: \_\_\_\_\_\_ Leaving MMG: \_\_\_\_\_\_ 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***

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| --- |
| **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/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) Date  |

***\*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 Authorized Approver. MMG 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: