

CALEPA CARDKEY ID REQUEST FORM

EMPLOYEE INFORMATION					
Last Name:		First Name:		M.I.:	
Board, Department, Office (BDO):		<input type="checkbox"/> Agency	<input type="checkbox"/> ARB	<input type="checkbox"/> CalRecycle	<input type="checkbox"/> DPR
		<input type="checkbox"/> DTSC	<input type="checkbox"/> OEHHA	<input type="checkbox"/> SWRCB	
Division:	Floor #:	Office or Cubicle #:	Supervisor:		
Job Title or Civil Service Classification:					
Email Address:				Phone Number:	
Employment Status:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Student	<input type="checkbox"/> Retired Annuitant	<input type="checkbox"/> Consultant
Activate on:			Deactivate on:		
REQUEST					
<input type="checkbox"/> New Card		<input type="checkbox"/> Access Change		<input type="checkbox"/> Deactivation	
		<input type="checkbox"/> Re-Issue		Reason:	
BUILDING ACCESS					
Access Time Period (Hours per Day / Days per Week):		Standard Level of Building Access:			
<input type="checkbox"/> 6 AM–8 PM / 5 (M-F)		<input type="checkbox"/> Front and Employee Entrances, 1 st Floor Back of House (Mailroom, Reproduction, Shipping & Receiving, Second Chance Outlet), and BDO Staff Areas during Business Hours, which are 6 AM – 8 PM / 5 (M-F)			
<input type="checkbox"/> 6 AM – 8 PM / 7					
<input type="checkbox"/> 24/5 (M-F)		<input type="checkbox"/> 24/7			
RESTRICTED ACCESS					
<input type="checkbox"/> Auditorium/Hearing Room Support Areas			<input type="checkbox"/> Computer Restricted Areas (Requires CIO's Signature Below)		
<input type="checkbox"/> 1 st Floor Back of House (Mailroom, Reproduction, Shipping & Receiving, and Second Chance Outlet) -- Outside of Business Hours			<input type="checkbox"/> CalEPA Library, Law Library -- Outside of Business Hours		
<input type="checkbox"/> Service Elevators			<input type="checkbox"/> Lactation Room (Lactating Mothers Only)		
<input type="checkbox"/> Loading Dock			<input type="checkbox"/> Additional BDO's Restricted Areas:		
Manager's or Admin Chief's Justification for Access to Restricted Areas:					
SIGNATURES FOR APPROVAL					
Responsibilities: I understand that I am personally responsible for the access card issued to me, and I will take reasonable steps to prevent its misuse, loss, theft and/or damage. If the access card is stolen, lost or damaged due to my negligence, I may be charged for it at the current replacement cost. I will immediately notify my supervisor and Property Management when I discover that my access card is missing, damaged or when any of the above information changes.					

Employee's Signature	Date	Chief of Administration	Date
Manager's Signature	Date	Chief of Information Officer's Signature	Date

For Access to the Interior Bike Storage, please contact the Employee Transportation Unit (1st Fl. Visitor's Center).

FOR ADMIN USE ONLY

Prop Mgmt: Card # _____ Date Entered/Issued: _____ Signed: _____