

CARD ACCESS REQUEST FORM MOP-F008

Submit completed and approved form to electronics department: Electronics@scusd.edu. Please have employee bring completed and approved form to Serna Center during normal badging hours to receive their badge: Fridays 9AM - 10AM.

Employee Information		
First Name:	Last Name:	
Department:	Title:	
Email:	Phone Number / Extens	sion:
Location / Site:	Direct Supervisor:	
(The following sections must be completed by supervisor)		
Access Level and Hours		
Setup access & times the same as the following exisiting employee:		
Normal Work Days/Hours:		
Extended access requires approval. Please specify times and days of week that are outside of normal work days/hours:		
Access to Other Sites		
All badges will be issued with access to daily work location. Please specify if access to additional locations are needed. Please be specific on the areas of access:		
Reason for Request (choose one)		
New Hire [] Lost / Sto	len / Damaged []	Information Change []
Access Level / Hours Modification []:		
Department Head Approval		
Print Name	 Signature	Date