



## **FACILITY ACCESS AUTHORIZATION REQUEST**

**PURPOSE:** To grant authority for an individual to access University locations during times when those locations are locked. Such authorization acknowledges that the individual to whom access is assigned has the authority and the functional responsibility to enter those locations. The person to whom access is being granted must read and agree to comply with policy AD68 <u>prior</u> to receiving the access requested. This form is administered by the Access Coordinator, who will record the approval of such access requests and maintain this document in their files.

#### RESTRICTIONS:

- This facility authorization grants access only to the Requestor named on this form.
- Access is limited to the areas approved on this form.
- Access is restricted to the specified and approved days and times.
- Access to the facility will be for the approved purpose and by the approved means, as determined by the Access Coordinator.
- Non-employees require a University-employed sponsor, and can only request temporary access. Sponsor is responsible for all non-employee keys/ACDs.

#### **LOST OR STOLEN KEY/ACDs:**

•The loss of a key/ACD must be reported immediately to the Access Coordinator by the individual to whom the key/access card has been issued. Completion of a new form will be required.

### **ACCESS CHANGES:**

•If access needs to be changed from those which have been granted herein, the said individual will notify the Access Coordinator for completion of a new Facility Access Authorization Request.

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Name of Requestor (Print	t):						Dat	e of Request:	
PSU-ID # (Nine Digit #):		Card # (16 E	Digit #):	/	/	/	En	nail:	
Department / Company:							— Ph	one Number:	
Name of Immediate Supe	rvisor / Sponsor (F	Print):							
Name of Next Level Mana	ger, if Required (F	Print):							
Area(s) Requestor Needs	Access To:								
Justification for Access:									
Status (Circle One):	Grad Undergi	rad Staff	Faculty	Instru	etor	Post D	ос	Research Asst/As	soc Visitor
Duration of Access Requ		ermanent		Те	mporary	/	art Date		
Days/Times Access Is Re	quired:								
Monday Tuesda	y Wednesday	Thursday	Friday		Saturday	s		From: To:	
AD68 ADVISEMENT STAT As specified in Policy AD68, all key non-employee. Duplication of keys (all others) for the appropriate sand requirements change, the individual to their access credential clearance University, or (3) accepting employ Recovery costs will be charged to duriversity. In addition, recoring cost will assess the vulnerability of area	s and access credential s/ACDs, or possession of ctions. When appropriate al will be required to notifies, as applicable. These ment in a different area can individual's departments may also be charged	f duplicate keys/AC, criminal sanctions y their area Access circumstances can of the University. Lond for each lost or use defined in Process	Dbs, will result in sunder fraud and Coordinator and include, but are bot keys/ACDs will returned key (include SY2001. The	referral to the discounterfeiting the discou	ne Office of ing statutes appropriate to: (1) acceed to the Unstoles to leased coordinator,	Student C s may also changes, i ess change liversity Ac properties University	onduct (st result. In including t is in their of cess Con it) and/or a r Access C	udents) or the Office of the event that an individe he return of their keys/A croller as defined in Proc ccess credential devices controller and responsible	Human Resources ual's access CDs, and/or changes ent (2) leaving the sedure SY2001.
APPROVALS:	is request, affirm that	the Peguester b	as hoon advis	nd of notice	v VD68 31	ad havo n	rovidad	a copy if requested	
Signature of Supervisor		The Requestor in	as been auvis	ed of policy	y AD00, ai		Date		
Signature of Next Level Manager (where require	•						Date		
I concur with th	is request for access.								
Signature of Access Co	ordinator						Date		
Approved Access ACCEPTANCE:	Device is (determine	ed by Access Co	oordinator) :		Key	A	CD		
	ised of Policy AD68, a ator, I agree to compl							• •	from the
Requestor Signature							Date		

# **Individual Key & Access Log**

Keys

Building / Facility	Key Type *	<u>Key</u> Code	Serial <u>#</u>	<u>Date</u> <u>Issued</u>	<u>Initials</u>	<u>Date</u> <u>Return</u>	<u>Initials</u>

<sup>•</sup> R=Room, P=Perimeter, SM=SubMaster, BM=Buidling Master, GM=Grand Master

Clearances (Card Access)

Building / Facility	Clearance Name	<u>Date</u> Issued	<u>Initials</u>	<u>Date</u> <u>Return</u>	<u>Initials</u>