

ACCESS CARD REQUEST FORM

Cardholder Name:						Date: M/DD/YYYY	
☐ New Access Card ☐ Existing Access Card		Position / Title:					
Banner ID:		Department:					
Prox Card # (5 Digit):		Full Time or					
(existing card refresh only)		Part Time / Contract /Student					
List access needed, ob	otain proper signatures	and sub	mit by e	mail to <u>OCISB</u> u	ıildingO	ps@ontar	iotechu.ca
	Access (Card Re	queste	d For:			
Room Numbers /	Building Access				eriod of	Deactivation Date	
Buildings / Elevators	Day of the Week	Start Tim	ie	End Time		MM/DD/YYYY MM,	
	☐ M ☐ T ☐ W ☐ T ☐ F ☐ Sat ☐ Sun ☐ All ☐ 24/7	☐ 6 am		□ 10 pm			
	□M □T □W □T □ F □ Sat □ Sun □ All □24/7	☐ 6 am		□ 10 pm			
	□ Sat □ Sun □ All □ 24/7 □ Sat □ Sun □ All □ 24/7	☐ 6 am		□ 10 pm			
	☐ Sat ☐ Sull ☐ All ☐ 24/7 ☐ M ☐ T ☐ W ☐ T ☐ F ☐ Sat ☐ Sun ☐ All ☐ 24/7	☐ 6 am		□ 10 pm			
Reason for Issue:							
Reason for issue.				RD HOLDER			
 I will retain my access card for I will not lend my access cards I will exercise all due care in th I will immediately report the lo I will return the access card iss withheld until my access card h 	to others for their use. e custody and control of my access card. ss of my access card to my Supervisor an ued to me on demand or on termination has been returned to the Facilities Manag	nd to Facilities of employme	Management ent or my asso	ciation with Ontario Tech	University and	d realize that my	
SIGNATURES REQUIRED FOR ALL ACCESS CARD REQUESTS: Cardholder's Signature:			epting / acknowledging this access card, I agree to abide by the conditions of issue. Date: MM/DD/YYYY				
Supervisor's Signature:		Print Name:			С	Date:	
VICE PRESIDENT / DEAN'S SI Note: Radiation Level 2 Res					D AREAS ,	/ ACE:	l Area's" Form
Vice President / Dean's Signature:			Print Name:			Date:	
Vice President, Administration		Print Name: Brad MacIsaac				Date:	
OFFICE OF CAMPUS INFRAS	TRUCTURE & SUSTAINABILT	Y APPRO	VAL		<u> </u>		
Director, OCIS Signature:		Print Name: Ken Bright				Date:	
Once proper signatures are obtained, submit by email to OCISBuildingOps@ontariotechu.ca			The access card has been programmed by:				
				Name / Signatu	re		Date MM/DD/YYYY