

REQUEST FOR SECURITY CARD/PHOTO ID EMPLOYEES ONLY (Policy 3439)

I AM REQUESTING:

SECURITY CARD ☐

PHOTO ID ☐

ACCESS CHANGE ☐

(Mark all that apply)

NAME _____

ADDRESS _____

BUILDING/LOCATION: _____

EMAIL: _____

JOB TITLE _____

SUPERVISOR PHONE: _____

EMPLOYEE STATUS: ADMIN CERTIFIED CLASSIFIED ESP CUST./MAINT
(CIRCLE ONE) AUXILLIARY COUNSELOR KIDS CLUB GROUNDS TRANSPOR
PROG ASST. SECURITY NURSE LIST _____

VEHICLE INFORMATION:

PERMIT #: _____ LICENSE PLATE # _____

VEHICLE MODEL: _____ COLOR: _____

ACCESS REQUESTED FOR _____
BUILDING (S)

HOURS OF ACCESS _____

START DATE _____ END DATE _____

APPROVED BY _____
(SUPERVISOR / ADMINISTRATOR)

COMMENTS RELATED TO ACCESS PRIVILEGES:

I acknowledge that I have received my building access card/photo ID issued by the PHM School Corporation. I understand that abuse of this card could result in a loss of access privileges. There will be a \$5.00 charge to reissue a card that has been lost or stolen.

Signed: _____ Date: _____