

## DATE REQUEST SUBMITTED

## REASON FOR REQUEST

NEW CARD     
  AMENDMENT     
  CANCEL     
  TEMPORARY ACCESS

START DATE      END DATE

## EMPLOYEE INFORMATION:

SURNAME (PLEASE PRINT)	GIVEN NAME	BRANCH (if applicable)	PHONE	START DATE (YYYY MMM DD)
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MINISTRY EMPLOYEE   
  CONTRACTOR   
  CO-OP STUDENT   
  OTHER: \_\_\_\_\_

## LOCATION REQUIRED:

614 HUMBOLDT     
  634 HUMBOLDT     
  WITH BASEMENT AND BIKE LOCKUP  
 (Located at 614 Humboldt)

333 QUEBEC     
  609 BROUGHTON

## ACCESS CARDS:

**Security Level 1**  
 5:00 AM - 6:00 PM  
 Mon. - Fri.

**Security Level 2**  
 5:00 AM - MIDNIGHT  
 Mon. - Fri.

**Security Level 3**  
 5:00 AM - MIDNIGHT  
 Mon. - Sun.  
*EXPLANATION REQUIRED*

**Security Level 4**  
 UNLIMITED ACCESS  
*EXPLANATION REQUIRED*

EXPLANATION REQUIRED FOR LEVEL 3 AND 4:

## APPROVAL

SURNAME (PLEASE PRINT)	GIVEN NAME	BRANCH (if applicable)	SIGNATURE	DATE (YYYY MMM DD)
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**NOTE: It is the responsibility of the Branch Administrator / Office Manager to ensure all access cards are returned to facilities when no longer required. The Request for Building Access form (HR2286) must have Director approval.**

----- SECURITY USE ONLY -----

## ACCESS CARD RETURN

CARD NUMBER	CARD ISSUED	CARD RETURNED	DATA ENTRY COMPLETED		CARD PICKUP DATE (YYYY MMM DD)
			DATE (YYYY MMM DD)	INITIALS	