

Electronic Access Authorization



Card #

Name: _____ Employee ID #: _____ Date: _____

Department/School: _____ Position/Title: _____

PLEASE MARK ONLY ONE OF THE FOLLOWING:

- Initial Badge
- Substitute – **NO Access**
- Replacement Inoperable Damaged

Your signature below indicates you acknowledge and agree to the following:

1. This is your personal access card and is coded with a unique identification number. The access card is assigned to you and should never be shared with others. It will allow you access to those building areas to which you are authorized during the hours of 6:30 a.m. to 6:00 p.m. on normal school days only or as otherwise permitted by Board Policy G-10. **Substitutes will receive an ID badge for identification purposes only, door access will not be permitted.**
2. You will be held as the person responsible anytime the number assigned to this access card appears on the access report. Report lost, stolen, or damaged cards to your supervisor. If necessary, this form will need to be completed and emailed for a replacement badge to be issued.
3. If you change building location or position and access needs to be changed, please have your supervisor send notification by email to nicole.bornemann@slcschools.org. A new form is not needed for location or position changes.
4. Upon leaving employment with the district, you must turn in the access card to Technical Services, your supervisor or Human Resource Services.
5. Failure to adhere to these procedures could result in the deactivation of your access card and loss of access privileges.

Employee Signature (digital signature permitted)

Date

Principal/Supervisor Signature (digital signature permitted)

Date

Please email this completed form to Nicole.Bornemann@slcschools.org. Paper copies will not be accepted for processing.