

Killingly Public Schools

ID Badge/Key/Alarm Code Request Form

Employee Name: _____ Building: _____ Position: _____

Employee Status: ☐ Full-time ☐ Part-time ☐ Non-employee ☐ Other _____ Date Requested: _____

Request Status: ☐ Initial ☐ Replacement (**Reason for Replacement**) _____

Access Type: ☐ ID Badge [**ID Badge Request Send to CO**]
☐ Hard Key ☐ Alarm Access Capability ☐ Code Number Request [**Hard Key and Alarm Code Request Send to O&M**]

REQUEST FOR HARD KEY ACCESS [**O&M use ONLY**]

Key-Access Description: _____ Key Code: _____ Key Number: _____

REQUEST FOR PROXIMITY ID CARD

ID Access Location: ☐ WESTFIELD ☐ KHS ☐ KIS ☐ KMS ☐ KCS ☐ FRC ☐ O&M ☐ Other _____

Expiration Period: ☐ Open-No Expiration ☐ Annual ☐ Other _____

For CO Use ONLY: Proxy ID ☐ Yes ☐ No ID Card Number: _____

Building Access for Proxy ID Only

- | | | |
|--|--|---|
| <input type="checkbox"/> GECC All Doors (24/7) | <input type="checkbox"/> KHS All Doors (24/7) | <input type="checkbox"/> EASTCONN @ CO (M-F 6:30am-6pm) |
| <input type="checkbox"/> GECC Faculty (M-F 6:30am-6:30pm) | <input type="checkbox"/> KHS Faculty (M-F 6:15am-9pm) | <input type="checkbox"/> CO (24/7) |
| <input type="checkbox"/> GECC Paraprofessional (M-F 6:30am-6:30pm) | <input type="checkbox"/> KHS Paraprofessional (M-F 7am-3pm) | <input type="checkbox"/> CO (M-Sun. 6am-6pm) |
| <input type="checkbox"/> KCS All Doors (24/7) | <input type="checkbox"/> KHS Ag. Ed. Faculty (24/7) | <input type="checkbox"/> CO (M-Sat. 6am-6pm) |
| <input type="checkbox"/> KCS Faculty (M-F 6:45am-9pm) | <input type="checkbox"/> KHS Ag. Ed. Students (24/7) | <input type="checkbox"/> CO (M-F 6am-6pm) |
| <input type="checkbox"/> KCS Paraprofessional (M-F 7am-4pm) | <input type="checkbox"/> KHS EASTCONN Headstart (M-F 5am-9pm) | <input type="checkbox"/> CO (M-F 7am-9pm) |
| <input type="checkbox"/> KMS All Doors (24/7) | <input type="checkbox"/> KHS Elevator/Medical (M-F 5am-9pm) | <input type="checkbox"/> IT Department (24/7) |
| <input type="checkbox"/> KMS Faculty (M-F 6:45am-9pm) | <input type="checkbox"/> KHS Kitchen Staff (M-F 5am-9pm) | <input type="checkbox"/> Operations & Maintenance (24/7) |
| <input type="checkbox"/> KMS Paraprofessional (M-F 7:30am-4pm) | <input type="checkbox"/> KHS Main Office Secretaries (M-F 5am-9pm) | <input type="checkbox"/> KCS BASP (M-F 6:45am-9pm) |
| <input type="checkbox"/> KIS All Doors (24/7) | <input type="checkbox"/> KHS Music/Drama/Tech. (M-Sun. 5am-11pm) | <input type="checkbox"/> KMS BASP (M-F 6:45am-9pm) |
| <input type="checkbox"/> KIS Faculty (M-F 6:00am-9pm) | <input type="checkbox"/> KHS Physical Education (M-Sun. 5am-12am) | <input type="checkbox"/> KHS Sports Coach (M-Sun. 5am-12am) |
| <input type="checkbox"/> KIS Paraprofessional (M-F 6:45am-3pm) | <input type="checkbox"/> KHS School Counseling (M-F 5am-9pm) | <input type="checkbox"/> KIS Sports Coach (M-Sun. 5am-12am) |

By signing this “**Access Control Identification Card Authorization Form**” I agree to the following: I am solely and completely responsible for the possession and use of the ID card issued to me. **Lost or otherwise damaged Proxy ID cards not caused by regular wear and tear will be subjected to a \$10.00 replacement card fee payable at the time of issuance. Lost keys will be subject to a \$10.00 - \$45.00 replacement fee.** Upon separation from employment with the district I will promptly return the ID card issued to me to my building administrator or supervisor. I am aware that failure to return the ID card promptly and in acceptable functioning condition may result in a replacement fee or referral to local law enforcement officials.

Employee Verification of Issuance: _____

Employee Signature

Date: _____

Principal/Supervisor Authorization: _____

Principal/Supervisor Signature

Date: _____