

Cardholder Name:	Email:	Date: MM/DD/YYYY
<input type="checkbox"/> New Access Card <input type="checkbox"/> Existing Access Card	Position / Title:	
Banner ID:	Department:	
Prox Card # (5 Digit): (existing card refresh only)	Full Time or Part Time / Contract /Student	

List access needed, obtain proper signatures and submit by email to OCISBuildingOps@ontariotechu.ca

Access Card Requested For:					
Room Numbers / Buildings / Elevators	Building Access			Period of Activation MM/DD/YYYY	Deactivation Date MM/DD/YYYY
	Day of the Week	Start Time	End Time		
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> All <input type="checkbox"/> 24/7	<input type="checkbox"/> 6 am	<input type="checkbox"/> 10 pm		
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> All <input type="checkbox"/> 24/7	<input type="checkbox"/> 6 am	<input type="checkbox"/> 10 pm		
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> All <input type="checkbox"/> 24/7	<input type="checkbox"/> 6 am	<input type="checkbox"/> 10 pm		
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> All <input type="checkbox"/> 24/7	<input type="checkbox"/> 6 am	<input type="checkbox"/> 10 pm		

Reason for Issue:

CONDITIONS OF ISSUE TO CARD HOLDER

1. All access cards are the property of Ontario Tech University and must be surrendered on demand.
2. I will retain my access card for work use only.
3. I will not lend my access cards to others for their use.
4. I will exercise all due care in the custody and control of my access card.
5. I will immediately report the loss of my access card to my Supervisor and to Facilities Management and agree to pay \$25.00 for EACH replacement card.
6. I will return the access card issued to me on demand or on termination of employment or my association with Ontario Tech University and realize that my last pay cheque may be withheld until my access card has been returned to the Facilities Management Office.

The conditions above have been explained and are understood by me. By accepting / acknowledging this access card, I agree to abide by the conditions of issue.

SIGNATURES REQUIRED FOR ALL ACCESS CARD REQUESTS:	Cardholder's Signature:	Date: MM/DD/YYYY
	Supervisor's Signature:	Print Name: _____ Date: MM/DD/YYYY
Director's Signature: (if applicable)	Print Name: _____	Date: MM/DD/YYYY
VICE PRESIDENT / DEAN'S SIGNATURES BELOW ONLY REQUIRED FOR ACCESS TO RESTRICTED AREAS / ACE:		
Note: Radiation Level 2 Restricted Areas - please attach "Authorization for Entry to Radiation Level 2 Restricted Area's" Form		
Vice President / Dean's Signature:	Print Name: _____	Date: MM/DD/YYYY
OFFICE OF CAMPUS INFRASTRUCTURE & SUSTAINABILTY APPROVAL		
Director, OCIS Signature:	Print Name: Ken Bright	Date: MM/DD/YYYY

<p>Once proper signatures are obtained, submit by email to OCISBuildingOps@ontariotechu.ca</p>	The access card has been programmed by:	
	Name / Signature	Date MM/DD/YYYY