



FACILITY ACCESS AUTHORIZATION REQUEST

PURPOSE: To grant authority for an individual to access University locations during times when those locations are locked. Such authorization acknowledges that the individual to whom access is assigned has the authority and the functional responsibility to enter those locations. The person to whom access is being granted must read and agree to comply with policy AD68 prior to receiving the access requested. This form is administered by the Access Coordinator, who will record the approval of such access requests and maintain this document in their files.

RESTRICTIONS:

- This facility authorization grants access only to the Requestor named on this form.
- Access is limited to the areas approved on this form.
- Access is restricted to the specified and approved days and times.
- Access to the facility will be for the approved purpose and by the approved means, as determined by the Access Coordinator.
- Non-employees require a University-employed sponsor, and can only request temporary access. Sponsor is responsible for all non-employee keys/ACDs.

LOST OR STOLEN KEY/ACDs:

- The loss of a key/ACD must be reported immediately to the Access Coordinator by the individual to whom the key/access card has been issued. Completion of a new form will be required.

ACCESS CHANGES:

- If access needs to be changed from those which have been granted herein, the said individual will notify the Access Coordinator for completion of a new Facility Access Authorization Request.

Name of Requestor (Printed, as shown on ID card): _____ Date of Request: _____

PSU-ID # (Nine Digit #): _____ Card # (16 Digit #): _____ Email: _____

Department / Company: _____ Phone Number: _____

Name of Immediate Supervisor / Sponsor (Print): _____

Name of Next Level Manager, if Required (Print): _____

Area(s) Requestor Needs Access To: _____

Justification for Access: _____

Status (Circle One): Undergraduate Graduate Staff Faculty Instructor Post Doc Research Asst/Assoc Visitor

Duration of Access Required: Permanent Temporary - Start Date: _____

End Date: _____

Days/Times Access Is Required (if other than 24 hour access): Times: From: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday To: _____

AD68 ADVISEMENT STATEMENT:

As specified in Policy AD68, all keys and access credential devices (ACDs) requested are the property of Penn State and may not be duplicated by any faculty, staff, student or non-employee. Duplication of keys/ACDs, or possession of duplicate keys/ACDs, will result in referral to the Office of Student Conduct (students) or the Office of Human Resources (all others) for the appropriate sanctions. When appropriate, criminal sanctions under fraud and counterfeiting statutes may also result. In the event that an individual's access requirements change, the individual will be required to notify their area Access Coordinator and make the appropriate changes, including the return of their keys/ACDs, and/or changes to their access credential clearances, as applicable. These circumstances can include, but are not limited to: (1) access changes in their current area of employment (2) leaving the University, or (3) accepting employment in a different area of the University. Lost keys/ACDs will be reported to the University Access Controller as defined in Procedure SY2001. Recovery costs will be charged to an individual's department for each lost or unreturned key (including keys to leased properties) and/or access credential devices issued by the University. In addition, recoring costs may also be charged as defined in Procedure SY2001. The Access Coordinator, University Access Controller and responsible budget executive will assess the vulnerability of area(s) compromised by the lost key/ACD, and determine whether the area(s) need new cores/access devices installed.

APPROVALS:

I concur with this request, affirm that the Requestor has been advised of policy AD68, and have provided a copy if requested.

Signature of Supervisor/Sponsor _____ Date _____

Signature of Next Level Supervisor/ Manager (where required) _____ Date _____

I concur with this request for access.

Signature of Access Coordinator _____ Date _____

Approved Access Device is (determined by Access Coordinator) : Key ACD

ACCEPTANCE:

I have been advised of Policy AD68, and am aware of my responsibilities in requesting access. In accepting keys and/or ACDs from the Access Coordinator, I agree to comply in full with the terms specified above and all related University policies.

Requestor Signature _____ Date _____

