



Information & Technology Services Door Access Request

EMPLOYEE PROFILE

Employee Name: _____ Department: _____
 MSU Tech ID: _____ Date: _____

EMPLOYMENT INFORMATION

F/T Staff Job Title: _____ Start Date: _____
 P/T Staff Phone: _____ End Date: _____
 Student Other: _____

REQUEST ACCESS TO DOORS

Description	Doors	Hours for Access
<input type="checkbox"/> ITS Building/Office Entrances:	[ML1001] ITS Staff Back Entrance [ML1008A] ITS Staff Entrance Inside [ML1008A] ITS Staff Entrance Outside [ML3010] ITS Main Glass Entrance [ML3004A] ITS Rear Grey Staff Door [ML3000] ITS Staff Break Room	<input type="checkbox"/> Monday-Friday [7:00am – 7:30pm] <input type="checkbox"/> Monday-Friday [7:30pm – 11:30pm] <input type="checkbox"/> Saturday-Sunday [7:00am – 11:30pm] <input type="checkbox"/> Full Access [24 x 7 x 365]
<input type="checkbox"/> Secure Storage:	[ML3051] ITS Secure Storage Room	<input type="checkbox"/> Monday-Friday [7:00am – 7:30pm] <input type="checkbox"/> Monday-Friday [7:30pm – 11:30pm] <input type="checkbox"/> Saturday-Sunday [7:00am – 11:30pm] <input type="checkbox"/> Full Access [24 x 7 x 365]
<input type="checkbox"/> Staging Room:	[ML3031] ITS Computer Staging Room	<input type="checkbox"/> Monday-Friday [7:00am – 7:30pm] <input type="checkbox"/> Monday-Friday [7:30pm – 11:30pm] <input type="checkbox"/> Saturday-Sunday [7:00am – 11:30pm] <input type="checkbox"/> Full Access [24 x 7 x 365]
<input type="checkbox"/> Scrubbing & Setup:	[ML0043] Scrubbing and setup room	<input type="checkbox"/> Monday-Friday [7:00am – 7:30pm] <input type="checkbox"/> Monday-Friday [7:30pm – 11:30pm] <input type="checkbox"/> Saturday-Sunday [7:00am – 11:30pm] <input type="checkbox"/> Full Access [24 x 7 x 365]
<input type="checkbox"/> Server Room:	[ML3032] ITS Computer Center Main Door [ML3032] ITS Computer Center Rear Door	<input type="checkbox"/> Monday-Friday [7:00am – 7:30pm] <input type="checkbox"/> Monday-Friday [7:30pm – 11:30pm] <input type="checkbox"/> Saturday-Sunday [7:00am – 11:30pm] <input type="checkbox"/> Full Access [24 x 7 x 365]

I take full responsibility for the security of the proximity identification card issued to me and the areas i have access to. IN THE EVENT I CHANGE DEPARTMENTS OR LEAVE THE UNIVERSITY, I WILL IMMEDIATELY CONTACT MY SUPERVISOR TO HAVE MY ACCESS REMOVED. IF MY PROXIMITY IDENTIFICATION CARD IS LOST OR STOLEN, I WILL IMMEDIATELY REPORT IT TO MY SUPERVISOR. (Replacement Mavcard cost is \$15.00 and is the responsibility of cardholder)

Date: _____ Individual Signature: _____

Date: _____ Supervisor: _____

Date: _____ Door Access Administrator: _____