|  |
| --- |
| STAFF or FACULTY (All key holders listed on form must have identical access) |
| [ ]  ADD ACCESS | [ ]  EXTEND ACCESS | [ ]  REMOVE ACCESS | [ ]  DELETE KEY & PROFILE |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FIRST NAME:** | **LAST NAME:** | **DEPT:** | **KEY START DATE**(Optional) | **KEY EXPIRY DATE**(Required) | **DAYS OF WEEK**Only check boxes if you do not want 7-days per week |
|  |  |  | **MM-DD-YYYY** | **MM-DD-YYYY** | **M** | **T** | **W** | **R** | **F** | **S** | **S** |
|  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| ACCESS ZONE:  | **KEY ACCESS TIMETABLE** | **START DATE:****MM-DD-YYYY** (Optional) | **EXPIRY DATE:****MM-DD-YYYY**(Required) | **24 HRS****PER DAY** | **REG. BLDG HOURS** |
|  |  |  |  |[ ] [ ]
|  |  |  |  |[ ] [ ]
| **BLDG, ROOMS, ELEVATORS & STAIRS** | **KEY ACCESS TIMETABLE** | **START DATE:****MM-DD-YYYY** (Optional) | **EXPIRY DATE:****MM-DD-YYYY**(Required) | **24 HRS****PER DAY** | **REG. BLDG HOURS** |
| **BLDG** | **DOOR NUMBERS** |  |  |  |  |  |
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]

|  |  |
| --- | --- |
| **ADDITIONAL INFO** |  |

ALL ACCESS REQUESTS MUST BE APPROVED BY YOUR DEPT’S DESIGNATED SALTO APPROVER

|  |  |
| --- | --- |
| **DEPT APPROVER:**  | **ADDITIONAL AUTHORIZATION:** (when required) |
| NAME: |  | NAME: |  |
| DEPT: |  | DEPT: |  |
| EMAIL: |  | EMAIL: |  |