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

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| **FIRST NAME:** | **LAST NAME:** | **DEPT:** | **KEY START DATE**(Optional) | **KEY EXPIRY DATE****(Required)** |
|  |  |  | **YYYY-MM-DD** | **YYYY-MM-DD** |
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| ACCESS ZONE: (24 HR BLDG ACCESS, DEPT ZONES, ETC.) (IE: SCI 24 HRS) | **CARDHOLDER TIMETABLE** | **ACCESS START:****YYYY-MM-DD**(Optional) | **ACCESS EXPIRY:****YYYY-MM-DD****(Required)** |
|  |  |  |  |
|  |  |  |  |
| **ROOMS, ELEVATORS& STAIRS** | **CARDHOLDER TIMETABLE** | **ACCESS START:****YYYY-MM-DD** (Optional) | **ACCESS EXPIRY:****YYYY-MM-DD****(Required)** |
| **BLDG PREFIX** | **DOOR NUMBERS** |
|  |  |  |  |  |  |  |  |  |
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| **ADDITIONAL INFO** |  |

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

|  |  |
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| **DEPT APPROVER:**  |  |
| NAME: |  | DEPT: |  |