

University of Louisiana at Monroe

Elevator Access Request Form

New Request

Requesting Replacement ID/FOB

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CWID#: \_\_\_\_\_

Department: \_\_\_\_\_

Account #: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Access Requested To:	<u>Building</u>	<u>Room #</u>	<u>ID #</u>
		ELEVATOR	
		ELEVATOR	
		ELEVATOR	

Access Begins (Date): \_\_\_\_\_

Access Ends (Date): \_\_\_\_\_

My signature below certifies that I have read, fully understand, and agree to follow the university key policy. I certify that I have obtained approval by the department head as indicated by their signature below.

Employee Signature: \_\_\_\_\_

Department Head: \_\_\_\_\_  
Print Name Sign Name

Human Resources: Larry Estess \_\_\_\_\_  
Print Name Sign Name

Submit the completed request form to Human Resources. Before the access is given to the employee, the employee will sign below indicating that they have received their requested access.

**DO NOT COMPLETE THIS PORTION UNTIL ACCESS IS RECEIVED**

I certify that I have received the elevator access that I requested above. I understand that I am personally responsible for these FOB/University ID card and agree to follow the university key policy. In the event the FOB/ID card is lost, I understand that I must immediately report this to the Human Resources and SACS. Furthermore, I understand that I will be required to pay an appropriate fee for replacement FOB/ID cards. I also understand that the FOB/ID cards must be turned in upon termination of my employment with the university. If the FOB/ID cards are not turned in I understand that the cost associated with replacement will be deducted from my last paycheck.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## University of Louisiana at Monroe

### Elevator Access Request Form Instructions

1. Please check on top of the form if the request is a new request for access or a request to replace a lost or damaged ID/FOB.
2. **Date** - Enter the date that the request is submitted to the Human Resources
3. **Name** - Print or Type the full name of the employee requesting access
4. **CWID#** - enter the campus-wide ID number of the employee
5. **Department** - enter the employee's department or division
6. **Location** - Enter the building and room number of the employee's office
7. **Phone** - enter a phone number where the employee can be reached
8. **Access Requested To** - enter the full building name for each elevator requested. If necessary you can attach additional paper for multiple access.
9. **Employee Signature** - employee must sign to acknowledge their request and that they have read, fully understand, and agree to follow the university key policy.
10. **Department Head Signature** - the department head must sign the elevator access request form to indicate that this employee is approved to use the access requested.
11. Please attach a statement from your physician explaining the need for elevator access. If no medical condition exist, you may also request a memo from your department head, dean, or Vice President explaining the need (example; moving A/V equipment or teaching aids).

**NOTE:** Once all of these blocks have been completed please submit the request form and your University ID card to Human Resources. Keep a copy of the request for your records. **Do not complete the bottom portion of the form until you receive elevator access from the Human Resources Department.**

Upon receipt of elevator access from the Human Resources the following steps should be completed:

1. Read and review the certification statement on the form.
2. **Signature** - the certification must be signed before the employee receives access.
3. **Date** - the date the access was granted should be noted next to the employee's signature.

Any questions concerning the elevator access request form should be directed to the Human Resources Department, 342-5140.