

DGS-32-003

(09/12)

Parking Services and Building Access Section

102 Governor Street

Richmond, Virginia 23219

Phone: (804) 786-5675

Fax: (804) 786-5911

AccessCard@dgs.virginia.gov

www.dgs.virginia.gov/parking

**Identification/Access Card Form**

For state employees to receive a new access card, change access level, update employee information, or replace a card, please complete and submit this form to your Agency Card Coordinator.

|  |
| --- |
| **Employee Information** |
| **Last Name:** |       | **First Name:** |       | **MI:** |       |
| **Position Title:** |       | **State Employee:** **[ ]** **Intern:** **[ ]**  |
| **Agency:** |       | **Agency Number:** |       |
| **Building Name/Address:** |       | **Floor/Room Number:** |       |
| **Email:** |       | **Work Phone:** |       |

The undersigned acknowledges receipt of the Identification/Access Card supplied by the Department of General Services. By accepting this Card, I agree that I will:

* Use the card only for my identification and authorized access to state facilities,
* Safeguard the Card and not allow it to be used by anyone else,
* Notify the Agency Coordinator immediately if the Card is lost or stolen,
* Pay the $15.00 fee if my Card needs to be replaced, and,
* Return the Card to the Agency Coordinator immediately upon termination of my employment.

|  |  |
| --- | --- |
| **Employee Signature:** | **Date:** |

|  |
| --- |
| **Action Requested** |
| New Employee Start Date:       New: **[ ]** Rehire: **[ ]** Transfer: **[ ]**  | Access Level Change: **[ ]**  |
| Termination : **[ ]**  Effective Date:       | Replace Card Broken: **[ ]** Lost: **[ ]** Stolen: **[ ]** Name Change: **[ ]**  |
| **Building No.:** | **Access Group:** | **Access Level:** | **Effective Date:** | **Expiration Date:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Signature of Agency Supervisor:** | **Date:** |

|  |  |
| --- | --- |
| **Signature of Agency Head or Designee:**(Designees must be on file with DGS) | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Access Card Number:** |       | **Date:** |  |
| **Access Card Number:** |       | **Date:** |  |
| **Access Card Number:** |       | **Date:** |  |