

DGS-32-003

(09/12)

Parking Services and Building Access Section

102 Governor Street

Richmond, Virginia 23219

Phone: (804) 786-5675

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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.

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| **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.

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

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

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

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