### EMPLOYEE KEY/ACCESS CARD

### APPROVAL FORM

|  |  |  |
| --- | --- | --- |
| **Employee Certification:** | New | Replacement |

FTCC Logo
Fayetteville Technical Community College may provide  Full or  Part-time Employees with key(s)/access card to selected buildings, offices, classrooms and laboratories. The key(s)/access card will be returned to Fayetteville Technical Community College at the end of the work assignment. I understand that I need to contact the Department of Public Safety if the issued key(s)/access card are lost or damaged. I understand that I may be subject to periodic audits to verify accountability of assigned key(s)/ access cards. My signature below indicates that I will accept the responsibility of keeping the issued key(s)/access card secure at all times and will not loan or transfer my key/access card to anyone.

|  |  |
| --- | --- |
| I need a  key (s) to access the following rooms in the named building: |  |

|  |  |
| --- | --- |
| I need an  access card to access the following areas during the listed times (ie: Mon-Fri 7am-5pm) |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee’s Name /Job Title (please print) |  | Department/Ext.# |

|  |  |
| --- | --- |
|  |  |
| Employee’s Email Address (please print) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Employee’s Signature |  | Datatel #: |  | Date |

**Supervisor Certification:**

Fayetteville Technical Community College may provide Employees with key(s)/access card to selected buildings, offices, classrooms and laboratories. My signature below indicates that the Employee above needs key(s)/access card to gain access to the designated locations. I will notify the employee to return the key(s)/access card to the Department of Public Safety and Security, when access is no longer required and to immediately report lost or damaged key(s)/access card.

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| --- | --- | --- |
|  |  |  |
| Supervisor’s Name/Title (please print) |  | Department/Ext. # |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor’s Signature |  | Date |

**Dean/Director Approval:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Dean/Director Name/Title (please print) |  | Department/Ext# |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Dean/Director’s /Associate Vice President’s Signature |  | Date |