



FACILITY ACCESS AUTHORIZATION REQUEST

PURPOSE: To grant authority for an individual to access University locations during times when those locations are locked. Such authorization acknowledges that the individual to whom access is assigned has the authority and the functional responsibility to enter those locations.

RESTRICTIONS:

- This facility authorization grants access only to the Requestor named on this form.
Access is limited to the areas approved on this form.
Access is restricted to the specified and approved days and times.
Access to the facility will be for the approved purpose and by the approved means, as determined by the Access Coordinator.
Non-employees require a University-employed sponsor, and can only request temporary access. Sponsor is responsible for all non-employee keys/ACDs.

LOST OR STOLEN KEY/ACDs:

- The loss of a key/ACD must be reported immediately to the Access Coordinator by the individual to whom the key/access card has been issued. Completion of a new form will be required.

ACCESS CHANGES:

- If access needs to be changed from those which have been granted herein, the said individual will notify the Access Coordinator for completion of a new Facility Access Authorization Request.

Name of Requestor (Print): _____ Date of Request: _____

PSU-ID / Driver License #: _____ Phone Number: _____ Email: _____

Department / Company: _____

Name of Immediate Supervisor / Sponsor (Print): _____

Name of Next Level Manager, if Required (Print): _____

Area(s) Requestor Needs Access To: _____

Justification for Access: _____

Duration of Access Required: [] Permanent [] Temporary Start Date: _____ End Date: _____

Days/Times Access Is Required: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday From: _____ To: _____

AD68 ADVISEMENT STATEMENT:

As specified in Policy AD68, all keys and access credential devices (ACDs) requested are the property of Penn State and may not be duplicated by any faculty, staff, student or non-employee. Duplication of keys/ACDs, or possession of duplicate keys/ACDs, will result in referral to the Office of Student Conduct (students) or the Office of Human Resources (all others) for the appropriate sanctions.

APPROVALS:

I concur with this request, affirm that the Requestor has been advised of policy AD68, and have provided a copy if requested.

Signature of Supervisor/Sponsor _____ Date _____

Signature of Next Level Supervisor/ Manager (where required) _____ Date _____

I concur with this request for access.

Signature of Access Coordinator _____ Date _____

Approved Access Device is (determined by Access Coordinator) : [] Key [] ACD

ACCEPTANCE:

I have been advised of Policy AD68, and am aware of my responsibilities in requesting access. In accepting keys and/or ACDs from the Access Coordinator, I agree to comply in full with the terms specified above and all related University policies.

Requestor Signature _____ Date _____

The Huck Institutes of the Life Sciences Access Request Form

PLEASE PRINT

Name _____ PSU ID# _____ PI Name _____

Status Staff Faculty Grad Undergrad Rotation Postdoc Other (specify) _____

Will user be occupying an office? Yes No If yes, list office # _____

CARD ACCESS REQUEST

CCURE FAC DB LS

Building Requested _____

Area Requested Building Entrance Lab Space Tunnel Other (Specify) _____

(Tunnel requires approval by Huck Facilities)

All Persons working in Lab Space are required to have the appropriate Safety Training. At a minimum, this includes EHS Courses "Laboratory Safety and Hazard Communication Training". Other courses may be required as identified by the PI for the space.

By signing below, you affirm that you have successfully completed all required EHS Training, or will do so within 30 days.

KEY REQUEST

DB LS

Please complete		Huck Office Use Only					
Building	Room #	Key Code	Serial #	Hook #	Issue Date	Issuer Initials	Return Date

Requestor Signature

Date

Supervisor/PI/Administrator Signature

Date