# APHIS ID/ACCESS REQUEST

## EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>EMPLOYEE NAME (Last, First, MI)</th>
<th>REQUEST DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PROGRAM/UNIT</th>
<th>CITY, STATE, ZIP</th>
</tr>
</thead>
</table>

## REASON FOR ISSUE

- [ ] NEW EMPLOYEE
- [ ] LOST (If lost, complete block at bottom)
- [ ] DAMAGED
- [ ] UPDATE

<table>
<thead>
<tr>
<th>STATUS</th>
<th>CONTRACTOR (Name of company below)</th>
<th>EXPIRATION DATE OF ASSIGNMENT</th>
</tr>
</thead>
</table>
- [ ] TEMPORARY
- [ ] PERMANENT
- [ ] OTHER (Specify below)

## BUILDING ACCESS (TO BE COMPLETED BY SUPERVISOR)

**HOURS OF ACCESS AND CONTROLLED AREAS OF THE BUILDING EMPLOYEE AUTHORIZED ACCESS TO (Specify below)**  
(Include reason for 24/7 access)

## SIGNATURES

**AUTHORIZING OFFICIAL (Please print)**   **TITLE AND TELEPHONE NUMBER**

**AUTHORIZING OFFICIAL SIGNATURE**   **DATE**

**EMPLOYEE SIGNATURE**   **DATE**

**REMARKS/LOST ID'S - IF ID IS LOST, SPECIFY DETAILS OF INCIDENT (Where, when, how, etc.)**