

APHIS ID/ACCESS REQUEST

EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First, MI)		REQUEST DATE
PROGRAM/UNIT	CITY, STATE, ZIP	
REASON FOR ISSUE		
<input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> LOST (If lost, complete block at bottom) <input type="checkbox"/> DAMAGED <input type="checkbox"/> UPDATE		
STATUS		EXPIRATION DATE OF ASSIGNMENT
<input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONTRACTOR (Name of company below)		
<input type="checkbox"/> PERMANENT <input type="checkbox"/> 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.)