



**Sonoma County Junior College District Police**

1501 Mendocino Avenue  
Santa Rosa, CA 95401  
(707) 527-1000  
(707) 524-1695 (Fax)

**ACCESS CONTROL  
CARD REQUEST**

**EMPLOYEE TO COMPLETE**

Name:		Employee ID Number:
Department:	Phone Extension:	Email Address:
Application Date:	Employee Status: <input type="checkbox"/> Management <input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Student <input type="checkbox"/> Professional Expert <input type="checkbox"/> STNC	

Any lost, stolen, and/or found door access cards must be IMMEDIATELY reported to District Police. The card is not to be modified in any way; i.e. cut, hole-punched, etc. Replacement cards are subject to a \$5.00 fee. Damaged cards due to standard wear are replaced at no cost. The employee assigned the access card is responsible for any and all unauthorized use of the card. I the undersigned, have read and understand the preceding statement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**SUPERVISOR TO COMPLETE**

Issue New Access Card    Add Access to Card # \_\_\_\_\_    Delete Access from Card # \_\_\_\_\_

Employee access cards allow the employee access between the hours of 5:00 a.m. to 11:00 p.m., 7 days a week, including holidays. All requests for exceptions are reviewed and approved by the Chief of Police on a case by case basis.

Request for Access Exception: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Time(s):
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Employee access cards expire every 2 years starting from the date the card is issued. However, the card can be programmed to expire sooner if the employee is working in an assignment that will be completed prior.

Request Expiration Exception: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date to Expire:
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Please provide the name of a current access control card holder who has the same access you are requesting. The applicant's access profile will be copied exactly in this way.

Name:
<b>OR</b> Specify Building and Room Numbers:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

(If Access for Accounting is requested)

\_\_\_\_\_  
Accounting Signature (Kate Jolley)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**DISTRICT POLICE TO COMPLETE / ISSUE CARD**

Card Programed By	Date
Card Activated By	Date
Card Received (Employee Signature)	Date