

**University of Maryland at the Columbus Center
Employee Access Authorization Approval Form**

*All employment and appointment forms have been reviewed, submitted and accepted by my affiliate campus Human Resources & employing department personnel. Visiting faculty, visiting and volunteer scientists and student must be appointed before they can receive a photo ID/access card and before this form can be signed off. Photo ID's and key requests will be processed Monday through Friday between the hours of 9:00 am and 2:00 pm only.

Last Name: _____

First Name: _____

Position Title: _____

E-mail Address: _____

Employee ID#: _____

I agree to attend any necessary safety video or orientation presentation(s) and to comply with all Environmental Health & Safety direction(s) required in my work area. I also agree to contact my affiliated campus Safety Officer to make certain that I understand what training is needed for compliance and to receive needed training.

I agree to return all access materials at the end of my appointment or termination to the Columbus Center Facilities Department.

I further agree that I may be subject to a charge of ten (\$10.00usd) dollars for the replacement of a lost or stolen photo ID/access badge or key, or if not returned at the end of my appointment (\$10.00 per badge or key).

Initial period of appointment _____ to _____.

Access will be terminated at the end of your appointment unless an extension form is completed and signed by all necessary personnel.

Circle Affiliation: UMB, UMBC, UMCES, TU, NAIB, Other (Specify) _____

Circle Applicable Email Lists: CCALL, IMETALL, IMETFACU, ETAL, GSA, LAB Package Delivery

ARC II SOP Training: Yes _____ No _____ Authorized Signature _____

ARC II Access: Yes _____ No _____ Authorized Signature _____

Zebra Fish Access: Yes _____ No _____ Authorized Signature _____

P.I. Name _____

Assigned building location: Laboratory Room # _____ Lab Phone # _____

Office Room # _____ Office Phone # _____

Employee Signature _____ Date _____

Faculty/Administrator Signature _____ Date _____

Human Resources _____ Date _____

Security Coordinator _____ Date _____

Badge #	Key(s) Issued	Date Received	Signature	Date Returned	Signature