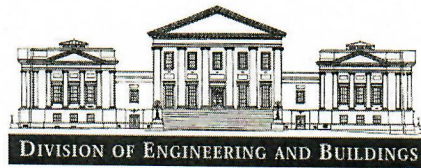




DEPARTMENT OF
GENERAL SERVICES

Serving Government. Serving Virginians.

www.dgs.virginia.gov/parking



Parking Services and Building Access Section
102 Governor Street
Richmond, Virginia 23219
Phone: (804) 786-5675
Fax: (804) 786-5911
AccessCard@dgs.virginia.gov

Identification/Access Card Form

For state employees to receive a new access card, change access level, update employee information, or replace a card, please complete and submit this form to your Agency Card Coordinator.

| EMPLOYEE Information | | | |
|--|--------------------|---|--|
| Last Name: | First Name: | MI: | |
| Position Title: | | State Employee: <input type="checkbox"/> | |
| Agency: Senate of Virginia | | Intern: <input type="checkbox"/> | |
| Agency: Senate of Virginia | | Agency Number: 100 | |
| Building Name/Address: Pocahontas Bldg., 900 East Main Street | | Floor/Room Number: | |
| Email: | | Work Phone: | |

The undersigned acknowledges receipt of the Identification/Access Card supplied by the Department of General Services. By accepting this Card, I agree that I will:

- Use the card only for my identification and authorized access to state facilities,
- Safeguard the Card and not allow it to be used by anyone else,
- Notify the Agency Coordinator immediately if the Card is lost or stolen,
- Pay the \$15.00 fee if my Card needs to be replaced, and,
- Return the Card to the Agency Coordinator immediately upon termination of my employment.

| | |
|----------------------------|--------------|
| Employee Signature: | Date: |
|----------------------------|--------------|

| ACTION REQUESTED | | | | |
|--|---------------|--|-----------------|------------------|
| New Employee Start Date: New: <input type="checkbox"/> Rehire: <input type="checkbox"/> Transfer: <input type="checkbox"/> | | Access Level Change: <input type="checkbox"/> | | |
| Termination : <input type="checkbox"/> Effective Date: | | Replace Card Broken: <input type="checkbox"/> Lost: <input type="checkbox"/> Stolen: <input type="checkbox"/> Name Change: <input type="checkbox"/> | | |
| Building No.: | Access Group: | Access Level: | Effective Date: | Expiration Date: |
| | | | | |
| | | | | |
| | | | | |

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|--|--------------|
| Signature of Agency Supervisor: | Date: |
|--|--------------|

| | |
|--|--------------|
| Signature of Agency Head or Designee: (Designees must be on file with DGS) | Date: |
|--|--------------|

| | |
|----------------------------|--------------|
| Access Card Number: | Date: |
| Access Card Number: | Date: |
| Access Card Number: | Date: |