Location Access Request Form





Please call Facilities Management 928-776-2180 with any questions. Thank you.

| Request for (Name): | | | Department: | |
|---------------------------------------|---------------|----------------|-------------------------|---------------------------|
| Employment Type: | Staff | Faculty | Adjunct | Date of Request: |
| Phone Number: | | Email: | | |
| * Does the employee alr | eady have a | physical YC ID | Card or Mobile | ID |
| * If not, has the employe | ee been instr | ucted to uploa | ad a photo throu | gh their YC Portal? |
| * What Building Access i | s needed on | ID Card/Mobi | le ID: | |
| Key Request for Location(s): | | | Do Not Use | Key Number |
| | Building | #: | Room #: | |
| | Building | #: | Room #: | |
| | Building | #: | Room #: | |
| | Building | #: | Room #: | |
| | Building | #: | Room #: | |
| Cabinet/Desk/Drawer | | | List Key Core number(s) | |
| | | | oc VP or Executiv | ve Leadership Team member |
| Approver Name | | A | pprover Signatur | e |
| | Facilit | ies Approval _ | | |

Please notify employees of policy 6.03, replacement fee for lost keys is \$50 per key and \$25 per keycard

Return completed form to facilities@yc.edu