## EDMONDS COLLEGE & CENTRAL WASHINGTON UNIVERSITY EDPASS CARD DOOR ACCESS PERSONA (INSIDE), BLACKBOARD(EXT.) AND ALARM CODES

Employee Name			Title / Department			Phone Number
Supervisor / Administrator Name			Supervisor Signature			Phone Number
	Employee Type: Full Tim	ne _	_ Part 1	Γime _	_ Volunteer S	tudent
pre-approved understands, and adequat employee ag any time, an supervisor of employee M. The employee investigating	ill be completed by any Edmonds College (ECd need to access the EC premises specified accepts, and acknowledges that receiving for the large of the	below. V mal appro- ilities, equ nlocked a equipment rstands, a e for any at they wi r in the en	When sign oval for spain oval for sp	ing and ag becial access and other properties, NOT allow or other ite and acknowl r damages d to coope approved a	reeing to the terms species carries additional perspecty owned and operative other individual(s) access without documented edges that being approving that occur during those rate with College representations.	rsonal responsibility to properly ed by EC/CWU at all times. The ss to the building(s) or area(s) at pre-approval of the employee's ed for special access means the specified times/dates of access. entatives and local authorities in
					Building(s) or	Building(s) or
Persona	a-classrooms/interior:				Area(s) Needed:	Area(s) Needed:
1 Croom	d diagonosmonitemen.					
Blackbo	pard-Bldg. exterior/swipe:					
A I a was . C	No. 4					
Alarm C	>00e:					
during regula provide limite Saturdays from reserves the the College's By signing	rating hours for most EC campus buildings ar academic quarters. These hours provide oped open access to users, depending on the hour 7:00 a.m. to 5:00 p.m.; Sundays from 1:00 right to adjust these printed open access hours administration.  as Area Administrator, I acknowledge that siness as assigned, and cannot wait for areas.  MANDATORY SIGNATURE	en accessurs, buildito 5:00 ps in order the em	s to all us ing(s), and o.m. for th to secure ployee li	ers during to scheduled e Library/Ly buildings as sted above nel or other	the stated times and day use of building(s). Generally should be required the access of campus exployees are campus employees.	is of the week. Weekend hours arally, campus buildings are open onds College as property owner mstances deemed necessary by level(s) requested to perform to provide access to these
(Require  By signing to employment agree to no understand CWU Conn	this form, I understand and acknowledge that, when I relocate to a different building or tify my supervisor and Security Office upor and acknowledge that I may be required to ection card is the property of Edmonds Colorn in my Edpass to the Security office, National Signature	nat the action department the loss of pay for legge and	ent, or up s or theft its repla d may be	ecified on con the record my EdF cement. As recalled a	this form will be suspequest of my supervisor Pass card or CWU Coruccess information utilitiany time by the Direction	abs & secured areas)  nded upon termination of my or area administrator. I unection card, and zing the EdPass card and
Security office	e only:		-			
Initials	Date Assigned			Initials	Revoked	Date