

BIOTECHNOLOGY BUILDING KEY CARD REQUEST FORM
Center for Integrated BioSystems

Key requested for

Name (print): _____ USU ID: A# _____ Date: _____

Primary Phone: _____ Cell Phone: _____ Contact Email: _____

Access eligibility:

Professional employee:	24/7 on resident floor
Classified employee:	6:00 a.m.-10:00 p.m. M-F on resident floor
Hourly employee:	8:00 a.m.-5:00 p.m. M-F on resident floor
Faculty member:	24/7 on resident floor
Graduate Researcher:	24/7 on resident floor
Undergraduate Researcher:	6:00 a.m.-10:00 p.m. M-F on resident floor
Visiting scientist:	6:00 a.m.-10:00 p.m. M-F on resident floor

Temporary extended access:

Please complete the following information. Must be justified by specific need to request access to additional floors and/or extended hours (*such as: timed experiments or use of equipment on different floors*).

Location requested: _____ Hours requested: _____ Date requested (from/to): _____

Reason for extended access:

As the prox card holder I understand:

1. Loaning this card to others is not allowed.
2. Access to the lab is for work purposes only.
3. Entry doors to the labs are not allowed to be propped open.

Signature of Key/Prox Card Holder _____ Date: _____

Principal Investigator:

Name (print): _____ USU ID: A# _____ Resident floor: _____

Department: _____ UMC: _____

P.I. Approval (Sign): _____ Date: _____ Index#*: _____

(Return completed/signed form to CIB Main Office)

*The index number will only be used if the keys/cards are not picked up.

CIB OFFICE USE ONLY

Access Approved: _____ Standard access _____ Extended access _____

CIB Director/ Building Manager Approval: _____ Date: _____