



Bonner County Employee Security Systems Access Form

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|---|--|------------------------------------|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Replacement | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Termination | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> New Hire Seasonal Employee | <input type="checkbox"/> Seasonal Return | <input type="checkbox"/> Other |

Name: _____ Date: _____

Home/Cell Phone Number: _____

Position: _____ Department: _____

Supervisor: _____ Supervisor Phone: _____

Date Security Access is to Start or Discontinue: _____

****Upon Termination or Seasonal Lay-Off return badge to Emergency Management and Office Key to Maintenance.**

*****Seasonal re-hires are required to have a new ID Badge**

Human Resources Authorization: _____

Date: _____

Photo ID Card processed by: _____

Date: _____

Building Access Card processed by: _____

Date: _____

Building Key Assigned By: _____ or designate if none

Date: _____

Key Number:

Facility Name (Building Location):
