Submit completed and approved form to electronics department: Electronics@scusd.edu. Please have employee bring completed and approved form to Serna Center during normal badging hours to

First Name:_____ Last Name:_____

Department:_____ Title:_____

Email:_____ Phone Number / Extension:_____

Location / Site:_____ Direct Supervisor:_____

Setup access & times the same as the following exisiting employee:_____

Normal Work Days/Hours:_____

Extended access requires approval. Please specify times and days of week that are outside
of normal work days/hours:_____

All badges will be issued with access to daily work location. Please specify if access
to additional locations are needed. Please be specific on the areas of access:
_____
_____

New Hire [   ]   Lost / Stolen / Damaged [   ]   Information Change [   ]

Access Level / Hours Modification [   ] : _____

_____   _____   _____
        Print Name   Signature   Date