

Security Access Authorization

Please submit completed and signed authorization form to HR to receive badge

NAME: _____ TIMES: (Please check a box)

TITLE / COMPANY: _____ Monday-Friday Employee

DEPARTMENT: _____ 7 Days Visitor

EMPLOYEE ID: _____ 24 Hours / 7 days a week Volunteer

SUPERVISOR: _____ Expiration: _____ Contractor *see Tab 2

CITY HALL ACCESS (Please check all that apply):

<input type="checkbox"/> City Clerk	<input type="checkbox"/> Finance 3rd Floor	<input type="checkbox"/> Public Works	<input type="checkbox"/> Police Staff
<input type="checkbox"/> Council Chambers	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Administrative Services	<input type="checkbox"/> City Attorney
<input type="checkbox"/> Council Hall	<input type="checkbox"/> Management Services	<input type="checkbox"/> Roof Access	<input type="checkbox"/> Master
<input type="checkbox"/> Council Offices	<input type="checkbox"/> Building & Planning	<input type="checkbox"/> Vault (Water Billing)	<input type="checkbox"/> Multi-Purpose Rm
<input type="checkbox"/> Secure Elevator	<input type="checkbox"/> Parks & Comm. Services	<input type="checkbox"/> Vault (Finance)	<input type="checkbox"/> Common Exterior
<input type="checkbox"/> Finance 1st Floor	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Elected Officials	<input type="checkbox"/> Human Resources

LIBRARY (Please check all that apply):

LIBRARY 24/7 LIBRARY 6:30a-9:30p

DWP ACCESS (Please check all that apply):

<input type="checkbox"/> 755 DWP Admin	<input type="checkbox"/> Rincon Gates	<input type="checkbox"/> 735 Field Services	<input type="checkbox"/> Shops PW A,B,C
<input type="checkbox"/> 755 DWP Admin 1st Fl	<input type="checkbox"/> Desalter 24/7	<input type="checkbox"/> Shops Water Dist 24/7	<input type="checkbox"/> Corp - Gates
<input type="checkbox"/> 755 DWP Admin 2nd Fl	<input type="checkbox"/> Desalter Chem Yard Gate 24/7	<input type="checkbox"/> Shops-Tool Crib 24/7	<input type="checkbox"/> WWTP1
<input type="checkbox"/> DWP Billing (Vault)	<input type="checkbox"/> Desalter Control Room	<input type="checkbox"/> Shops-Facilities Maint. 24/7	<input type="checkbox"/> Fueling Station
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Desalter Secure Path	<input type="checkbox"/> Shops-Meter 24/7	<input type="checkbox"/> VM Fleet
<input type="checkbox"/> Warehouse Property Storage	<input type="checkbox"/> Warehouse Lost & Found	<input type="checkbox"/> Shops-Parks A,B,C,D,F	<input type="checkbox"/> Fleet Parts

FIRE DEPARTMENT (Please check all that apply):

Fire Dept 24/7 FS Fire Dept Training Ctr Corp - Gates

Fire Dept M-F 7a-5p Fire Dept (MGMT) 24/7 Fueling Station Volunteers/Boy Scouts

POLICE DEPARTMENT (Please check all that apply):

<input type="checkbox"/> HQ Common	<input type="checkbox"/> Armory 24/7	<input type="checkbox"/> 730 Fire/PD Training Ctr	<input type="checkbox"/> EOC Responders
<input type="checkbox"/> TEM-PD (Zone 5)	<input type="checkbox"/> PD-Sworn Only 24/7 (no armory)	<input type="checkbox"/> Detective Bureau 24/7	<input type="checkbox"/> PD-Fire
<input type="checkbox"/> Dispatch	<input type="checkbox"/> PD Sworn Staff 24/7 (incl. armory)	<input type="checkbox"/> Evidence & Receiving	<input type="checkbox"/> Old PD - HCC
<input type="checkbox"/> Dispatch IDF/MDF/TEL	<input type="checkbox"/> Shooting Range 24/7	<input type="checkbox"/> PD Crime Lab 24/7	<input type="checkbox"/> Fueling Station
<input type="checkbox"/> PD Main Gates (Level 99)	<input type="checkbox"/> Shooting Range M-F 8a-5p	<input type="checkbox"/> PD Lab Office	<input type="checkbox"/> CSV1
<input type="checkbox"/> Jail	<input type="checkbox"/> PD HQ Bldg Support 24/7	<input type="checkbox"/> PD Property 24/7	<input type="checkbox"/> Cadets
<input type="checkbox"/> Corp - Gates	<input type="checkbox"/> CY PD Volunteers	<input type="checkbox"/>	<input type="checkbox"/> Project Kids

OTHER LOCATIONS (Please check all that apply):

Animal Control (Magnolia) HCC 24/7 Community Center (Main St)

OTHER: _____

POLICE DEPARTMENT ONLY:

Height: _____	Hire Date: _____
Date of Birth: _____	Eye Color: _____
Weight: _____	Hair Color: _____

X Department Director or Designee Signature	X Human Resources Approval	Date
Print Name & Title	Date	Print Name & Title

FOR OFFICE USE ONLY

Date issued: _____ Badge Number Issued: _____ Issued by: _____

Showned proof of ID: Yes / No Old badge returned: Yes / No

PARKING PERMIT: Permit No.: _____ Make: _____

License Plate: _____ Model: _____

Contractor Emergency Contact Information

DATE: _____

Employee Information

Physical address required for Emergency Contacts - No PO BOXES

Contractor Name: _____

Main Phone: _____

Alternate Phone: _____

Address: _____

Emergency Contact Information

Contact #1

Name: _____

Relation: _____

Main Phone: _____

Alternate Phone: _____

Address: _____

Contact #2

Name: _____

Relation: _____

Main Phone: _____

Alternate Phone: _____

Address: _____

****FOR OFFICE USE ONLY****

Department: _____

Department Contact: _____

Start of Assignment: _____

End of Assignment: _____