

**Western Nevada College
Facilities Planning and Management
Card Access and Key Request Form**

Card Access: **Yes** **No**

Key Request **Yes** **No**

Classification: Professional Classified Part Time LOA Contractor Other

Job Title: _____ WNC Employer: _____

Name: _____ NSHE Number: _____

Department/Division: _____ Director: _____

Office Number: _____ Building Name: _____

Office Phone Number: _____ Email: _____

Home Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Please list room number(s) and check applicable building(s) to the locations you are requesting access:

Building	Room #	Building	Room #	Building	Room #	Building	Room #
<input type="checkbox"/> Aspen: _____		<input type="checkbox"/> CDC: _____		<input type="checkbox"/> Obsv: _____		<input type="checkbox"/> Pinion: _____	
<input type="checkbox"/> Auto: _____		<input type="checkbox"/> Dini: _____		<input type="checkbox"/> Reyn: _____		<input type="checkbox"/> Sage: _____	
<input type="checkbox"/> Bris: _____		<input type="checkbox"/> Hi-Tech: _____		<input type="checkbox"/> Weld: _____		<input type="checkbox"/> VGH: _____	
<input type="checkbox"/> Cedar: _____		<input type="checkbox"/> MTT: _____		<input type="checkbox"/> Bently: _____		<input type="checkbox"/> Other: _____	

Signature Requirements

All signatures must be present before your request is completed. If your form does not have the correct signatures and/or NSHE number, it will be returned directly to you.

ONCE YOU ARE NO LONGER EMPLOYED AT WNC YOU ARE RESPONSIBLE TO RETURN THE KEYS(S) AND CARD YOU WERE ISSUED DIRECTLY TO THE FACILITIES DEPARTMENT.

Employee's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

If you are **not** a full time NSHE employee you will need the Vice President's approval:

Vice President's Signature: _____ Date: _____

**Allow for Seven (7) Working Days to Process Key and Card Access Requests.
Director of Facilities has final approval.
For Department Use Only**

Director of Facilities: _____ Date: _____

Key Numbers Issued: _____ Date: _____

Card Numbers Issued: _____ Date: _____