

**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: \_\_\_\_\_