

Building Access Authorization Form

Department: _____

Building Location: _____

Name of Employee: _____

Work Shift: _____

Hours of Access Needed: _____

Doors needing access (if applicable): _____

Spruce Street Gate Needing Access: _____

List parking space number assigned in the Spruce Street Lot: _____

If this is a Replacement Access Badge, include card ID# (back of badge): _____

Signature of Elected Official or Department Director

Date

Return the completed form to the Human Resources Department, Portage County Administration Building, 7th floor.

Human Resources Use Only

Date completed and department
notified: _____