

EMPLOYEE CARD ACCESS

CHANGE REQUEST FORM

Employee name: _____ Location (s): _____

Position(s): _____

Please ___ Change/___ Add Access to, for the following reason(s) _____:

(please check one of the following) **Please note: Hours of operation and levels are not adjustable.**

___ **Level 1-Elem (early):** Restricted hours of operation (8am-4pm), restricted to school days, and restricted to location
(Parapros, Some Food Service Staff, Some At-Will Staff)

Please indicate location(s): _____

___ **Level 1-Elem (late):** Restricted hours of operation (8:30am-4:30pm), restricted to school days, and restricted to location
(Parapros, Some Food Service Staff, Some At-Will Staff)

Please indicate location(s): _____

___ **Level 1-MS:** Restricted hours of operation (7:30am-3:30pm), restricted to school days, and restricted to location
(Parapros, Some Food Service Staff, Some At-Will Staff)

Please indicate location(s): _____

___ **Level 2:** Restricted hours of operation (6am-6pm), restricted to school days, and restricted to location
(Teachers/Social Workers/Speech, Secretaries/clerical, Lead Servers, Breakfast Staff, Latchkey Directors, Little turtle staff)

Please indicate location(s): _____

___ **Level 2-Admin Bldg/Maint Only:** Restricted hours of operation (5am-6pm), restricted to work days, and restricted to location
(Central office employees (non-administrators), Central Kitchen staff)

Please indicate location(s): _____

___ **Level 3:** Unrestricted hours of operation, unrestricted days, and restricted to location
(Custodians, Principals/Assist, Athletic Directors, Mechanics)

Please indicate location(s): _____

___ **Level 3A:** Restricted hours of operation (6am-10pm), unrestricted days, and restricted to location (MS Coaches)

Please indicate location(s): _____

___ **Level 4:** Restricted hours of operation (6am-10pm), restricted to school days, and unrestricted locations
(Bilinguals/Literacy Parapros, Some administrators, Psychologists, Cable Crew)

Please indicate location(s): _____

HIGH SCHOOL STAFF ONLY: Please indicate location(s): _____

___ **Level 1:** Restricted hours of operation (6am-4pm), restricted to school days, and restricted to location

___ **Level 1A:** Restricted hours of operation (6am-4pm), unrestricted days, and restricted to location

___ **Level 2:** Restricted hours of operation (6am-10pm), restricted to school days, and restricted to location

___ **Level 2A:** Restricted hours of operation (6am-10pm), unrestricted days, and restricted to location

___ **Level 3:** Unrestricted hours of operation, restricted to school days, and restricted to location (alarm capabilities)

___ **Level 3A:** Unrestricted hours of operation, unrestricted days, and restricted to location (alarm capabilities)

Employee Signature

Date

Supervisor/Principal approval

Date