



Facilities Management Access Control and Network Cameras

Dallas County Employee Access Request Form

Date: [Click here to enter a date.](#)

Employee Name (First, Middle, Last): [Click here to enter text.](#)

Date of Birth: [Click here to enter a date.](#) **Date of Hire:** [Click here to enter a date.](#)

Job Status: New Employee Current Employee Transfer Rehire Terminate

Dallas County Department: [Click here to enter text.](#)

Dallas County Job Title: [Click here to enter text.](#)

Dallas County Primary Office Location: [Click here to enter text.](#)

Required Card Type: Employee ID Employee Access Replacement Card

Mirror Access to: [Click here to enter text.](#)

Card Holder Signature: _____ **Date:** _____

_____ Initial: Card holder acknowledges that if their ID/Access Card is lost, damaged or stolen they are to let their Supervisor and Badging Office, (214) 653-7935, know immediately. I agree to pay \$10.00 for ID or Access cards and \$15.00 for combined ID/Access Card if it is Lost, Stolen or Damaged.

Department Head Signature: _____ **Date:** _____

All ID and Access Cards are property of Dallas County and will be returned to Dallas County Badging Office upon retiring or termination from Dallas County.