



# Facilities Management Access Control and Network Cameras

## Dallas County Employee Access Request Form

Date: \_\_\_\_\_

Employee Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Job Status:  New Employee  Current Employee  Transfer  Rehire  Terminate

Dallas County Department: \_\_\_\_\_

Dallas County Job Title: \_\_\_\_\_

Dallas County Primary Office Location: \_\_\_\_\_

Required Card Type:  Employee ID  Employee Access  Replacement Card

Mirror Access to: \_\_\_\_\_

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.