

Security Access Record

DMB-624 Department of Management and Budget			
Employee Information			Card #
Department	Division		Employee ID #
Employee Name	Date of Birth	Work Phone#	
Building	Floor/Column#	Date	
Signature of Department Representative		Signature of Employee Supervisor	
Key Information			
Door Location - Building	Door Location- Floor/Column	Key Number	
State ID Card			
Work Site - Building	Work Site - Floor	Contractor Work Days & Hours	
Access/ID Card or Code			
Work Site - Building	Requested Building if different from Work Site	TZ	
State Work Days	Hours		AC
M T W TH F			
Weekends & Holidays	Hours		Facility Manager
Su Sa Hol.			
Employee Signature upon receipt		Date	Lock Shop Supervisor
X			
<small>By signing I acknowledge receipt of the key/card/code listed above.</small>			

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