

	NY CREATES - SUNY Poly ID - Access Card Request Form	Form Number/Rev # ANT-00001-F1 R19
-----------------------------------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------------

SPONSOR INFORMATION			
Sponsor Name:		Title:	
Company:		Email Address:	
Phone:			
Requests must be made by Authorized Sponsors only. A list of Authorized Sponsors is updated by Access Control.			

REQUESTED FOR EMPLOYEE INFORMATION			
Legal First Name:		Legal Last Name:	
Company:		Title:	
Email Address:		Phone Number:	
Country of Citizenship:		<i>If other than a US citizen and not a Permanent Resident Card holder, enter DOB, Visa Type, and phone number.</i>	
Date of Birth (MM/DD/YY)		Visa Type:	

Email form to Access Control at accesscontrol@sunypoly.edu. If the person is other than a US Citizen and is not a Permanent Resident Card holder, email to both Access Control and NY CREATES Security Erin Commerford at ecommerford@sunypoly.edu and Joseph Kosakowski at jkosakowski@sunypoly.edu for non-US person clearance. A permanent resident employee will be required to present their permanent resident card at time of check-in.

ACCESS REQUESTED		<input type="checkbox"/> Check box if form is for a badge extension
EMPLOYEE'S START AND END DATES:		
**If the employee is not a temporary employee, the end date should match the assigned company term date as part of the annual renewals process.		(MM-DD-YY): From _____ To _____

DAYS: <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Mon-Sat <input type="checkbox"/> Mon-Sun	TIMES: From _____ To _____ <input type="checkbox"/> 24 HRS
-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------

GENERAL SITE ACCESS:	Requires completion of Safety Orientation Training.	<input type="checkbox"/> YES <input type="checkbox"/> NO
CLEANROOM ACCESS:	Requires completion of Safety Orientation and Cleanroom Safety.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL ACCESS:	Must be submitted by the sponsor in a separate email to accesscontrol@sunypoly.edu indicating the person(s) name and badge number requiring the access, card reader(s) being requested, and a brief explanation as to the necessity.	
LAB ACCESS:	Requires completion of Safety Orientation and Lab Safety Training.	
Lab Room #(s)	Additional Required Training: <input type="checkbox"/> BioSafety <input type="checkbox"/> Laser Safety	
STUDENT ACCESS:	Requires completion of Safety Orientation Training <input type="checkbox"/> Bio <input type="checkbox"/> Undergrad <input type="checkbox"/> Grad <input type="checkbox"/> Post Doc	

ACCESS CONTROL USE ONLY	
TRAINING VERIFICATION:	
Completed: <input type="checkbox"/> Safety Orientation <input type="checkbox"/> Cleanroom Safety <input type="checkbox"/> Lab Safety	Verified By: _____ Date: _____
PROGRAMMED/ISSUED BY: _____ / _____	Card Number: _____
POLICY COMPLIANCE***:	

***By signing above, the requestor acknowledges that they have received a copy of the NY CREATES / SUNY Polytechnic Institute Campus Badge Identification and Site Access Policy and that they will comply with the policies within. The requestor also acknowledges that they understand that not following all items outlined may result in revocation of access and the requestor will need to retake training for access to be reinstated.

Applicable Exports Control Documentation for this individual is on file with the Human Resource Dept. or Exports Control Authority of the Sponsor's organization.