



Facilities Management - ID / Access Card Request

City and County of Denver
Facilities Management, Dept. 904
201 W. Colfax, 11th Floor
Denver, CO 80202

Instructions

- Agency Representative must **TYPE** the information below and **email** to Facilities Management at Facilities.Helpdesk@denvergov.org prior to the employee obtaining the badge (new / replacement). Facilities management will print the form for processing. **Agency Representative Signature is REQUIRED (electronic or handwritten)**
 - *There is no need to send hardcopy with applicant once emailed.*
- Photo identification (i.e., driver's license) is **required** to obtain a City and County of Denver badge, otherwise no badge will be issued until photo ID is presented.
- **24hour access requires supervisor's signature**

Employee Information			
Today's Date (xx/xx/xx)	Agency Name	Department / Division	
Employee #	Employee Start Date (xx/xx/xx)	Name of Employee (First and Last Name)	Building(s) they will work in
Request			
<input type="checkbox"/> New Card <input type="checkbox"/> Lost / Stolen / Broken <input type="checkbox"/> Access Change <input type="checkbox"/> Replacement (name or agency change)		Agency will cover the replacement fee/Facilities will note amt due	
		Fund / Org	
To obtain a TEMPORARY CREDENTIAL , an option below must be selected:			Date of card expiration (xx/xx/xx) – if they are a contractor, intern, etc.
<input type="checkbox"/> Seasonal / On-Call <input type="checkbox"/> Contractors/ consultants <input type="checkbox"/> Intern / Summer Youth <input type="checkbox"/> Volunteer			
Access – Specify 1 Type of Clearance			
Standard access		Special access	
<input type="checkbox"/> Monday – Friday: (during normal building operating hours)		<input type="checkbox"/> 24 hours / 7 days a week (includes holidays, evening and weekends)	
In this area, write the specific clearances needed. Make sure to include floors #'s and doors - (i.e. Please see your agency's clearance spreadsheet):			
*If using hand written signatures, must print name next to signature			
Agency Authorization			
Signature of Agency Representative	Print Name (If Adobe digital signature is not used)	Supervisor's Signature (for 24 hr. access only)	Print Name (If Adobe digital signature is not used)
	Telephone Number of Agency Representative		Telephone Number of Supervisor
Employee Responsibilities			
I understand that I am personally responsible for the card issued to me, and I will take reasonable steps to prevent its misuse, loss, theft and/or damage. The card is for my use only and cannot be given to others. If the card is stolen, lost or damaged, I will be charged for another card at the current replacement cost. I will immediately notify my HR Department or Agency Representative as well as the Division of Facilities Management, at 720-865-8680, when I discover that the card is missing, damaged or when any of the above information changes.			
Signature of Employee	Office Telephone Number	Date of Signature (xx/xx/xx)	
Facilities Management Office Use Only			
Was Photo Id checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number (located on back of card)	Completed By	Date Completed