APPLICATION FOR BADGE ACCESS
Staff Access

SUBMIT COMPLETED FORM TO THE TECHNOLOGY OFFICE.

NAME: _____ Phone: _____

☐New Access ☐Change Access

CONTRACT TERMS:

1. User is required to make sure that the building is always secure. Doors should **never** be propped open. Please secure all doors and windows that you may have opened as you exit the building.
2. Facility use is limited to assigned employee and work area only. A facility request must be submitted through fowlervilleschoolsgofmx.com whenever you request use of athletic facilities and other common elements of the building
3. Badge access is only to be used by the individual it is assigned to. **Never** give your badge to another individual.
4. If your badge is lost or stolen, you must notify the Director or Assistant Director of Technology immediately. A lost/stolen badge compromises the security of the building/district.
5. There is a $10.00 replacement cost for a new Access Badge.
6. The user understands that the district may limit access to facilities at unspecified times for construction, maintenance, cleaning, etc.
7. Your Access Badge must be returned when you are no longer employed with Fowlerville Community Schools.

I HAVE READ AND AGREE TO ABIDE BY THE CONTRACT TERMS:

Signature: _____ Date: _____

BUILDING(S):

☐High School
☐Junior High
☐Kreeger Elem
☐Smith Elem
☐Munn
☐Bus Garage
☐Central Office
☐District
☐Maintenance

ACCESS LEVEL(S):

☐Administrative
☐Assistant Administrator
☐Alverson Center Director
☐Athletic Director
☐Bus/Van Driver
☐Central Office
☐Central Office Admin
☐Coach
☐Custodian
☐Director/Supervisor
☐District Director
☐Food & Nutrition
☐Food Service Manager
☐LGC School Care Pick-Up
☐LESA Teacher
☐LESA Teacher Assistant
☐Lunch/Recess
☐Mail Courrier
☐Maintenance
☐Mechanic
☐Para-Professional
☐Recreation Director
☐Recreation Asst. Director
☐Safety Monitor
☐Teacher
☐ Teacher Assistant
☐Teacher Long Term Sub
☐Technology

Other: _____

Badge # _____ Date Issued _____
Date Returned _____

HR Initials: _____ Tech Initials: _____
DATE _____ Date: _____