

# Card Access and Authorization Form

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Employee Number \_\_\_\_\_ Phone Extension \_\_\_\_\_ Office Number \_\_\_\_\_

Division \_\_\_\_\_ Term Date (required for visitors and temps) \_\_\_\_\_

## Vehicle Information (Optional. For internal reference only.)

Make/Color \_\_\_\_\_ Plate Number \_\_\_\_\_

Make/Color \_\_\_\_\_ Plate Number \_\_\_\_\_

## Payroll deduction authorization (Please circle)

Cafeteria Debit	Yes	No	Personal Check Usage	Yes	No
Library Authorization	Yes	No	Bus Pass	Yes	No

**IMMEDIATELY REPORT ANY LOSS OR THEFT OF YOUR CARD OR KEYS TO UCAR RECEPTIONIST  
(ML ext. 1126, FL ext. 8700, CG4 ext. 8553, CG1 ext. 2519)**

### Please read before signing

I understand that the Access Card and building keys issued to me are the property of UCAR, and that I am personally responsible for these items at all times. I agree to return the Access Card and building keys immediately upon termination of employment and/or on demand.

I understand by signing this authorization and circling **YES** to Cafeteria Debit, I authorize UCAR to deduct all charges that are made with this card in the UCAR Cafeteria from my paycheck on a bi-weekly basis.

I understand by signing this authorization and circling **YES** to Personal Check Usage, I authorize UCAR to deduct the amount of the original check plus any related charges from my paycheck in the event that any personal checks I write to UCAR is returned for any reason.

I understand by signing this authorization, I authorized UCAR to deduct from my paycheck on a bi-weekly basis, any charges for personal long-distance telephone calls and/or personal postage and shipping charges should I utilize these services.

I understand that the above-referenced services that I have selected are subject to my authorization of UCAR to make payroll deductions as set forth above. I may retract either authorizations at any time by providing written notice to UCAR, however, I understand that if I do this I will no longer be allowed access to the services for which I have retracted my authorization.

**Employee Signature** \_\_\_\_\_

**Administrator Signature** \_\_\_\_\_

General Access: ML, FL, CG1, CG2, CG4 \_\_\_\_\_ Other Access\* \_\_\_\_\_

Jeffco Airport\* \_\_\_\_\_ Marshall Field\* \_\_\_\_\_ 3340 Mitchell Ln \_\_\_\_\_

\*Requires additional authorization