

# Data Services Division (DSD) Building Security Card Request Form

**Please complete the following to request access to DSD facilities:**

1. Card Holder Name: \_\_\_\_\_ Employee "U" #: \_\_\_\_\_
2. Division or Agency: \_\_\_\_\_ Unit: \_\_\_\_\_
3. Work Days (circle): Mon      Tues      Wed      Thu      Fri      Sat      Sun
4. Work Shift Hours: From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm
5. Work Phone: \_\_\_\_\_ Cell / Home Phone: \_\_\_\_\_
6. Supervisor Name: \_\_\_\_\_

**ACKNOWLEDGMENT OF CARD HOLDERS RESPONSIBILITY**

It is the responsibility of each Employee, Vendor, or Visitor issued a DSD Security Badge to follow all procedures and guidelines in the use of their assigned DSD Security Badge and their DSD security access as outlined below:

**DSD Security Badge Responsibility:**

- Anyone issued a DSD Security Badge for access to the DSD building is responsible for the safekeeping of that DSD Security Badge. The badge should be worn and visible at all times when in the DSD building.
- Any lost, stolen, or misplaced DSD Security Badge is to be reported immediately and a new badge will be issued.
- Supervisors are responsible for insuring that their staff observes and follows all procedures and guidelines. Any individual who fails to refuses to comply with the established DSD security procedures will be subject to disciplinary action and/or loss of DSD Security Badge privilege.
- Employees without authorization to enter secure areas, within the DSD building, are not to follow in behind persons who have such aces to secured areas. Employees should be aware of "Tail-Gaters" entering secure areas without the knowledge and approval of person holding the DSD Security Badge. Any person allowing access to others (who have no authorization) are responsible for that person.
- Employees who observe any individual(s), with questionable identity or authority, gaining access to any security level area in the DSD building, should ask the individual(s) for identification or authorization. If the Individual(s) are found to be without authorization, they shall be escorted out to the area to the DSD reception and the incident reported to the DSD Physical Security Officer, DSD administration, or their Unit Supervisor.

**Signature of Acknowledgement:**

- Supervisor/Administrator signs to authorize person to obtain DSD Security Badge
- I have read and understand my responsibility regarding the use of the DSD Security Badge
- If issued a parking card for the OU Children's Hospital Parking Garage:
  - I have reviewed the parking policy and guidelines and agree to comply
- I have reviewed the New Team Member Orientation and the Building Safety presentation
- I have been assigned and have received my Data Services Division Security Badge

Card Holder: Printed Name	Card Holder: Signature	Date
Supervisor: Printed Name	Supervisor: Signature	Date
Process By: Printed Name	Process By: Signature	Date

Security Use Only:

Person ID Number: \_\_\_\_\_ Card Number: \_\_\_\_\_

Badge Type: Employee \_\_\_\_\_ Contractor \_\_\_\_\_ Vendor \_\_\_\_\_ Visitor \_\_\_\_\_

Parking Location: F-Lot    W-Lot    None

Access Granted: \_\_\_\_\_

\_\_\_\_\_