

BIOTECHNOLOGY BUILDING KEY CARD REQUEST FORM
Center for Integrated BioSystems

Key requested for
Name (print): _____ USU ID: A# _____ Date: _____

Primary Phone: _____ Cell Phone: _____ Contact Email: _____

Access eligibility:

Professional employee:	24/7 on resident floor
Classified employee:	6:00 a.m.-10:00 p.m. M-F on resident floor
Hourly employee:	8:00 a.m.-5:00 p.m. M-F on resident floor
Faculty member:	24/7 on resident floor
Graduate Researcher:	24/7 on resident floor
Undergraduate Researcher:	6:00 a.m.-10:00 p.m. M-F on resident floor
Visiting scientist:	6:00 a.m.-10:00 p.m. M-F on resident floor

Temporary extended access:

Please complete the following information. Must be justified by specific need to request access to additional floors and/or extended hours (*such as: timed experiments or use of equipment on different floors*).

Location requested: _____ Hours requested: _____ Date requested: (from/to _____)

Reason for extended access:

Principal Investigator:
Name (print): _____ USU ID: A# _____ Resident floor: _____

Department: _____ UMC: _____

P.I. Approval (Sign): _____ Date: _____

(Return completed form to CIB Main Office)

CIB OFFICE USE ONLY

Access Approved: _____ Standard access _____ Extended access _____

CIB Director/ Building Manager Approval: _____ Date: _____