

VIRGINIA CAREER WORKS SECURITY ASSIGNMENT FORM PLEASE FILL IN ALL INFORMATION

Please enter the following information about the non-County personnel

First Name _____ Middle Initial _____ Last Name _____

Agency Name _____ Office Phone Number _____ Cell Number _____

Position Title _____ Email Address _____

Primary Work Location: Radford Ave Cedar Fork Turner Rd Office Number _____

Primary Work Days & Hours: _____

Badges and keys are issued to employees and other personnel for purposes of access control.

Security Access Location	Badge	Office Key(s)	Alarm Code	**Master Key	**Elevator Key
Radford Ave	Y N	Y N	Y N	Y N	Y N
Cedar Fork	Y N	Y N	Y N	Y N	N/A
Turner Rd	Y N	Y N	Y N	Y N	N/A

****CRWP approval required**

*** Distribution subject to review and approval by CRWP. Requests are processed and access privileges are typically activated within 2-3 business days.**

Supervisor's Name _____ Office Phone Number _____

Cell Number _____ Email Address _____

Employee Signature _____

_____ Date

Supervisor's Signature _____

_____ Date

Upon receipt of a Security Access Card and/or Keys it is my responsibility to ensure they remain in my immediate possession. In the event it becomes lost, stolen, damaged or misplaced, I am responsible to contact the Access Control Coordinator immediately and my Supervisor or their designee; I also acknowledge that I may incur a replacement fee for the lost item(s). All persons must return badges and keys upon leaving employment and/or request. By initialing this document, you acknowledge that you have the listed item(s) in your possession.

OFFICE USE ONLY

Date Received by CRWP: _____

Location	Security Badge Number	Key(s) for Office#; Master; Elevator	Alarm Code Issued (Y or N)	Copier Code Issued (Y or N)	Items Received (initial)	Date Received	Items Returned (initial)	Date Returned
Radford								
Cedar Fork								
Turner Rd								

Authorized Issuing Staff Signature: _____

Date Issued: _____