NEW MEXICO
GENERAL SERVICES DEPARTMENT

ACCESS CODE / ACCESS BADGE / KEY REQUEST FORM
GENERAL SERVICES DEPARTMENT

REQUESTOR'S NAME _____ **PHONE** _____
JOB TITLE _____ **EMAIL** _____
AGENCY / DIVISION _____ **DATE** _____

KEY REQUEST

NUMBER OF KEYS _____
BUILDINGS _____
ROOM(S) NUMBER _____

ACCESS CODE / ACCESS BADGE REQUEST

ACTION REQUEST ☒ ADD ☐ DELETE ☐ CHANGE
BUILDINGS _____
ROOM(S) NUMBER _____

ACCESS LEVEL REQUESTED

☒ **MONDAY – FRIDAY** (6am – 6pm)
☐ **FULL ACCESS** (24 Hours / 7 Days) Necessary to Meet Agency Needs
☐ **TEMPORARY ACCESS** **DATES** _____

JUSTIFICATION FOR REQUEST

HOLDER NAME _____
ROLE ☒ State Employee ☐ Non-State Employee **EMPLOYEE #** _____
SUPERVISOR NAME _____ **PHONE** _____
SUPERVISOR SIGNATURE _____

ACKNOWLEDGEMENT

Loss of a key may require the rekeying of all doors affected at the Agency's expense.
User is not to lend access badge or keys to others, transfer, modify or misuse the issued keys.
After Hours, user is to ensure any point of entry or exit is properly secure.
Loss of Access key or badge must be reported immediately to supervisor.

FMD FACILITY OPERATIONS MANAGER _____ **DATE** _____

PLEASE EMAIL DOCUMENT TO: AnnaMaria.Jimenez@gsd.nm.gov **WORK ORDER #**_____