



Montana State University Billings
Administrative Vice Chancellor Office
1500 University Drive, Billings, MT 59101
406.657.2155

MCMULLEN HALL REQUEST FOR ACCESS

DATE: _____ Employee/Student ID Number: _____
LAST NAME: _____ FIRST NAME: _____

☐ **EMPLOYEE** _____ Department: _____
Position: _____ Phone: _____

☐ Full-Time Staff ☐ Part-Time Staff
☐ Full-Time Faculty ☐ Part-Time Faculty

☐ Temporary Staff Estimated Last Day _____
☐ Temporary Faculty Estimated Last Day _____

☐ Student Worker Estimated Last Day _____

☐ **OTHER** (Please Specify) _____

REASON FOR ACCESS REQUEST:

☐ New Employee ☐ Additional Access Needed
☐ Office/Room Transfer ☐ Replace Damaged Key
☐ Replace Lost Key ☐ Replace Swipe Card
☐ Other (Please Specify) _____

	Qty	Building	Door Location	Key #	Swipe Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Printed Name of Requestor's Supervisor _____
Supervisor Signature Authorizing Approval _____ Date _____

RECEIPT OF KEY(S)/SWIPE CARD ACKNOWLEDGMENT & KEY(S) RETURN/SWIPE CARD DEACTIVATION PROCEDURES:

I acknowledge that I have received this/these key(s) to the above location(s) and am aware it is my responsibility to return this/these key(s) to the Administrative Vice Chancellor's Office (McMullen 208) by the last day of my employment in McMullen Hall. If I have received swipe card key access it is my responsibility to notify the Administrative Vice Chancellor's Office (406-657-2155) by the last day of my employment in McMullen Hall to ensure key access is properly deactivated. I acknowledge I will not receive my **FINAL PAYCHECK** until I have completed this/these procedure(s).

Keyholder's Signature _____ Date _____