



ACCESS CARD AND/OR KEY GUIDELINES AND REQUEST

North Country HealthCare (NCHC) has a written policy regarding access cards and keys. Employees with assigned access cards and/or keys are required to comply with the following guidelines. Failure to do so may result in a forfeiture of all assigned access cards and/or keys. This form is to be completed by the employee and their supervisor and returned to Human Resources or Facilities. Human Resources (HR) and Facilities will enter the access card and/or key numbers.

The following guidelines must be followed:

1. Your access cards and/or keys are recorded in your personnel file, so please **DO NOT LEND YOUR ACCESS CARD and/or KEYS TO ANYONE ELSE!** All access cards and/or keys are to be returned to your direct supervisor or to HR should your employment terminate. HR or your supervisor will ask for your access card and/or keys on your last day of employment.
2. **LOST** access cards and/or keys must be immediately reported to HR or Facilities. You must also report this to your direct supervisor.
3. (Access Cards) The access card replacement cost is \$5.00 per card. Payable in cash only to HR.
4. (For keys only) The cost to replace keys and/or associated core changeouts required will be charged directly to the employee's Department. Please remember that a LOST interior key may require the change-out of an interior core within that door lock.
5. (For keys only) **DO NOT** attempt to copy keys as these keys are not available at local hardware stores. Contact Facilities for replacement or additional keys.
6. Report damaged access cards and/or keys to your supervisor. Your supervisor will contact HR or Facilities. You must turn in your damaged access card and/or keys prior to receiving a replacement.
7. If an office key is needed, enter the clinic, and the office number in the space below and submit this form to HR or Facilities.

Thank you,

David Bianco
Human Resources Director

Clinic

Employee's Name (Print)

Office Room Number

Employee's Signature

Date

I have reviewed these guidelines with the employee named above.

Supervisor's Name (Print)

Supervisor Signature

Date

HR and Facilities use only

Key Card Number _____ Key Core Number _____