

CRC Biometric Reader
Employee Entry Authorization

Employee Should Bring Completed Form to CRC Administrative Office
1715 Pratt Drive, Suite 1000 (540) 961-3600

Name: _____ Date: ____/____/____
(please print)

Company/Univ. Dept: _____

BUILDING	
RB 15 Office	<input type="checkbox"/>
RB 15 Lab	<input type="checkbox"/>
RB 16	<input type="checkbox"/>
VTKW-I	<input type="checkbox"/>

Email: _____

Phone: _____

Choose a 4-Digit Entry No. _____

Employee Signature

Company Agreement

I, _____ (print clearly), an officer (or Human Resource Officer) of the above company, do hereby give permission for the above named employee of our company to have building access via the biometric fingerprint reader. Upon termination of employment, you will be provided the employee name and identification number to be removed from the biometric reader.

Signature and Title

_____/____/____
(date)

Remove Employee

The above named employee is no longer employed with our company and should be removed from the Biometric Fingerprint Reader.

Signature and Title

(date)

CRC USE ONLY:

Entered by: _____ Date _____

Removed by: _____ Date _____