BUILDING ACCESS REQUEST FORM

Molecular Engineering & Sciences Institute

Access Request Date: _____

First Name: _____ Last Name: _____ UW ID#: _____

Dept./Organization: _____ Lab/Center Name: _____

Start Date:_____ End Date:_____ MolES Work Station Location:_____
(assumed to be ongoing if end date is left blank)

Access Type:

☐ Standard building occupant access (24x7 access to all exterior doors and all floors)

☐ Standard access for other UW staff (all floors during regular business hours and locker rooms)

☐ Limited access as specified below:

Access Areas – Select all that apply:	**Access Hours** – Select one option:

☐ Exterior Building Doors
☐ Loading Dock Door
☐ Access by Floor (please specify):
  ☐ G ☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ Ground Floor Locker Rooms
☐ Gas and Chemical Storage Rooms
☐ Mail Room
☐ Special Facilities (please specify):
  ☐ Analytical Biopharmacy ☐ NTUF – CNT only
  ☐ Ginger Lab ☐ NTUF – Qualified
  ☐ NESAC/BIO (Floor G) ☐ Optics Lab
	☐ 24x7
	
	☐ Daily 7:00 AM – 7:00 PM
	
	☐ Monday – Friday 7:00 AM – 7:00 PM
	
	☐ Other (including specific dates, if applicable):
	
	_____
	
	_____
	
	_____

Individuals without a UW affiliation/HuskyCard will be issued a special access card (provided at the expense of the sponsoring lab or center) to be returned by the end date above. Cards not returned on time will be considered lost.

REQUESTER SIGNATURE	DATE

PI/MANAGER APPROVAL:

PI/MANAGER SIGNATURE	DATE

FOR OFFICE USE ONLY:

☐ **SPECIAL ACCESS CARD: #** _____ **Bill to:** _____

CARD ACTIVATED BY:	ACTIVATION DATE:	CARD RETURNED TO:	RETURN DATE: