

ATTACHMENT D

375 BEALE

TENANT EMPLOYEE ACCESS CARD INFO

Card Holder I.D.		
<i>Please Print</i> Last Name:	First Name:	Middle Initial:
Tenant Name	Approving Tenant Official	Contact Number
	Approving Signature	
Card Details		
Active Date	Inactive Date	
Work Week Schedule		Work Hours
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
M T W Th F S Sun		
Tenant Floor(s) - Access Allowed		Holidays Observed
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
1 2 3 4 5 6 7 8		
Email Address:	Email Notification of Visitor Signing In	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Parking Permit Number	Parking Stall Number	
Section to be Completed by Building Management		
Employee I.D. Number (HID Badge #)	Access Level	