



EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	NSID	EMPLOYEE ID
DEPARTMENT		PHONE #	EMAIL

REASON FOR ONE TIME ACCESS

ROOM AND WHEN ACCESS IS NEEDED

ROOM NEEDED TO ACCESS	WHEN ACCESS IS NEEDED
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DECLARATION

I certify that:

1. I will review and adhere to the Biosecurity protocols and procedures as outlined by the College of Engineering prior to entering the building.
2. I will restrict my access to the designated zone containing the room to be accessed, and the room I have requested above.
3. If I require keys to access the building, I will make arrangements to have someone within the designated zone at the building let me in.

REQUESTERS SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE

Please return completed to your People Leader.

FOR OFFICE USE ONLY

APPROVED ON:	APPROVED BY:
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Once this request for one time access has been approved, email the signed document to lowell.levenick@usask.ca. Lowell will provide you with the College of Engineering Biosecurity Protocols you will be asked to adhere to as well as a map of the zone where the room is located indicating the building access point you will be restricted to using for entry and exit.