

## ADDENDUM TO THE CNRC PROXIMITY ACCESS CARD REQUEST

THIS FORM IS TO BE COMPLETED FOR ALL PERSONNEL REQUESTING ACCESS TO THE CNRC CLASSIFIED AS NON-DEPARTMENTAL EMPLOYEES.

### REQUESTOR DATA

REQUESTOR'S FULL NAME (PRINTED OR TYPED)			
EMPLOYED BY (INCLUDE DEPARTMENT NAME)	BUILDING NAME AND OFFICE ROOM NUMBER	YOUR OFFICE TELEPHONE NUMBER AND EXTENSION EXT.	
SPECIFIC JOB-RELATED FUNCTIONS/RESPONSIBILITIES THAT REQUIRE A CNRC ACCESS CARD. (BE VERY SPECIFIC):			
NUMBER OF TIMES WEEKLY THAT YOU WILL REQUIRE ACCESS		WILL YOU NEED AFTER HOUR (6 P.M. – 6 A.M.) OR WEEKEND ACCESS ?	IF YES LIST TIMES

### SPONSOR DATA AND ENDORSEMENT

NAME OF PERSON IN THE CNRC THAT YOU COLLABORATE WITH:	ROOM NUMBER OF LAB OR OFFICE YOU WILL BE WORKING IN:	
CNRC SPONSOR'S FULL NAME (PRINTED OR TYPED)		
DEPARTMENT NAME	SPONSOR'S OFFICE ROOM NUMBER	SPONSOR'S OFFICE TELEPHONE NUMBER
SPONSOR'S SIGNATURE (SIGNATURE INDICATES THAT SPONSOR ASSUMES FULL RESPONSIBILITY FOR REQUESTORS ACCESS TO THIS GOVERNMENT FACILITY)		

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

<b>APPROVED / DISAPPROVED</b>	CNRC DIRECTOR (SIGNATURE AS NEEDED)	<b>DATE</b>
<b>APPROVED / DISAPPROVED</b>	CNRC FACILITY ADMINISTRATOR (SIGNATURE REQUIRED)	<b>DATE</b>
<b>APPROVED / DISAPPROVED</b>	CNRC FACILITY BUILDING OFFICER (SIGNATURE REQUIRED)	<b>DATE</b>
<b>APPROVED / DISAPPROVED</b>	USDA ADMINISTRATOR (SIGNATURE AS NEEDED)	<b>DATE</b>

**NOTE:** IF APPROVED THIS REQUEST WILL BE REVIEWED FOR CONTINUED ACCESS AS REQUIRED AS A MINIMUM ANNUALLY FROM INITIAL DATE OF APPROVAL.