



# JABSOM PERSONNEL ACCESS REQUEST FORM

(FOR AUTHORIZED EMPLOYEES & STUDENTS ASSIGNED TO KAKA'AKO)

INSTRUCTIONS: Fields must be type filled using Adobe Acrobat Reader and completed by the primary department administrator. Hold mouse over field for additional instructions. Obtain all signatures before submitting to Facilities via e-mail, [jabsom-security@lists.hawaii.edu](mailto:jabsom-security@lists.hawaii.edu) or faxing to 808-692-1264. Incomplete forms will not be processed.

**NEW EMPLOYEE**    
  **ADD or CHANGE**    
  **TERMINATION**    
  **REPLACEMENT ACCESS CARD**    
 DATE

APPLICANT

LAST NAME      FIRST NAME  MI   
 E-MAIL      PHONE   
 EMPLOYER      START DATE      EXP. DATE   
 DEPARTMENT      CLASSIFICATION

DETAILS OF REQUESTED ADD OR CHANGE

**LOCATION ACCESS**  
 will require access to the BSB building.  
 will require access to the Vivarium  
 will require access to the IBR.  
 will require access to the ABSL3 lab.  
 will require access to the BSL3 lab.  
 is **over 18** years of age. If not, state age:

**MOVING FROM (Current Location)**     **MOVING TO (New Location)**  
 BUILDING      BUILDING   
 OFFICE #      OFFICE #   
 KEY      KEY

COMMENTS or SPECIAL INSTRUCTIONS

By signing this request, you are accepting responsibility for the supervision of the applicant and any actions he/she engages in while employed, assisting, or similarly conducting work associated with the Dept./Program named above.

**1. SUPERVISOR/PI** (if applicable)     **PHONE**     **2. DEPT. CHAIR** (or designated signing authority)  
         

\_\_\_\_\_ sign here     \_\_\_\_\_ DATE     \_\_\_\_\_ sign here     \_\_\_\_\_ DATE

SPECIAL ACCESS TO OTHER AREAS/DEPARTMENTS

Basic access issued to home department. Additional areas require signatures from department chairs.

**ADDITIONAL AREA**     **DEPT. CHAIR AREA** (or designated signing authority)  
    

\_\_\_\_\_ sign here     \_\_\_\_\_ DATE

TERMS OF USE

The applicant will **return** the JABSOM Access card to the Facilities Management Office upon the following events: (1) the need for use of Kaka'ako Campus facilities to perform his/her job duties has ended, or (2) the end of the applicant's employment, appointment, affiliation, or association with JABSOM, whichever occurs first. The applicant agrees to **promptly notify** the Facilities Management Office if his/her card is missing or has been stolen. The applicant will only use his/her JABSOM Access card to gain authorized access to Kaka'ako facilities for **activities specifically related** to his/her employment or studies and for no other reason. The applicant will not use his/her JABSOM Access card to permit **other individuals** to gain access to Kaka'ako facilities, will not lend his/her JABSOM Access card to another person, nor will he/she "piggyback" other authorized persons. The applicant acknowledges that his/her **privileges may be suspended or terminated** for engaging in any of the above-listed activities or compromising security at the Kaka'ako facility includes, but not limited to, propping doors open at critical access points without Facilities Management Office acknowledgment or approval. By signing below, the applicant acknowledges that he/she has read, understands, and agrees to comply with the terms and conditions of this statement in its entirety and accept responsibility to be bound by these terms of use.

\_\_\_\_\_ Applicant's signature     \_\_\_\_\_ DATE