

UWG ACCESS CONTROL CREDENTIAL RETURN FORM

This form must be completed by the employee's supervisor or Departmental Access Coordinator (DAC). Please contact the Work Information Center or email access@westga.edu for pick-up of the credentials.

| GENERAL INFORMATION | | | |
|---------------------|--|-------|--|
| CONTACT | | DATE | |
| DEPARTMENT | | PHONE | |

| DEPARTING EMPLOYEE | | | |
|--------------------|--|-----------|--|
| FIRST NAME | | LAST NAME | |
| TITLE | | DEPT | |
| UWG ID# (917) | | EMAIL | |

| SEPARATION TYPE | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> TRANSFERRING DEPARTMENTS ISSUED KEYS MUST BE RETURNED TO ACCESS CONTROL, EMPLOYEE CAN RETAIN ID | <input type="checkbox"/> SEPARATING FROM UNIVERSITY EMPLOYEE ID AND ISSUED KEYS MUST BE RETURNED TO ACCESS CONTROL |

| UWG ID | | KEY MARK | QTY |
|------------------|--|----------|-----|
| (ID PLACEHOLDER) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

All keys/access cards are the property of the University and must be returned to Access Control upon transfer to another State Institution, University department (keys only), or termination of employment. Keys shall not be retained by the manager/department for use with a replacement employee.

| | | | |
|------------------------------|--|------|--|
| SUPERVISOR/DAC PRINT NAME | | | |
| SUPERVISOR/DAC SIGNATURE | | DATE | |

| | |
|----------------------------|--|
| ACCESS CONTROL NOTES | |
|----------------------------|--|