PS-Form No. 028
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Prepared by: S. Fritz
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REQUEST FOR NCI-FREDERICK IDENTIFICATION CARD/CARDKEY FOR GOVERNMENT EMPLOYEES

EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)	NEW EMPLOYEES ONLY (TO BE COMPLETED BY REQUESTOR)
LAST NAME:	Date of Employment:
FIRST NAME:	Bldg: Room: Ext:
Social Security #:	☐ Permanent Employee
Birth Date:	☐ Temporary Employee (Please list last day of active service)_____
Gender:	
Home Address:	**Type of Request**: ☐ New ☐ Name change ☐ Lost/Stolen ☐ Broken ☐ Renewal ☐ Rehire
Home Phone #:	NED ID:
Cell Phone #:	Position Title:
Emergency Contact Information:	Lab: Division:
Name:	☐ Supervisor ☐ Sponsor
Telephone Number:	Name: Bldg: Ext.: Center #:
FOR PROTECTIVE SERVICES USE ONLY	
ID Visualization: ☐ Driver's license State: ☐ Passport Country: Date: Card #: Employee #: Issued By:	**Cardkey Information**: **DAYTIME ACCESS** (MON.-FRI., 6:30 A.M. – 7:00 P.M.) LIST BUILDINGS/AREAS NEEDED FOR DAYTIME ACCESS: _____ **ALL HOURS ACCESS** LIST BUILDINGS/AREAS NEEDED FOR ALL HOURS ACCESS: _____
	Requestor signature:

Signature of authorizing official:_____ Date:_____

Print Name:_____