

**LOCKNETICS KEYLESS ENTRY ACCESS PRIVILEGE PROGRAMMING REQUEST**

KEY CONTROL APPROVAL: \_\_\_\_\_  
(Key Control Use Only)

DATE: 4/15/2010 EFFECTIVE DATE: \_\_\_\_\_

REQUESTING DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_ M/S: \_\_\_\_\_

DEAN, DIRECTOR, OR DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_  
(NOTE: You can not sign for access for yourself in any circumstance)

PRINT NAME SIGNED ABOVE: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME	FRESNO STATE ID	POSITION (USE CODE)	BUILDING	ROOM	DAYS ALLOWED	TIMES ALLOWED		PIN #?	TOGGLE? (REQUIRES PIN)	EXPIRATION DATE
						FROM	TO			
					M Tu W Th F Sa Su - - - - -					
					M Tu W Th F Sa Su - - - - -					
					M Tu W Th F Sa Su - - - - -					
					M Tu W Th F Sa Su - - - - -					
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SEE BACK FOR INSTRUCTIONS AND POSITION CODES

Programming complete: \_\_\_\_\_ By: \_\_\_\_\_  
(Key Control Use Only)

**Please attach to a key request form (also found on informed filler) and submit for processing to Key Control PO 88 (Plant Operations)**

## INSTRUCTIONS

1. Submit original Locknetics Keyless Entry Access Privilege Programming Request to the Key Card/Key Control office at least five (5) working days prior to date needed.
2. All requests must be signed by the appropriate administrator in the space provided.
3. Use a separate line for each programming request.
4. First Column: Name of individual for whom the access is requested.
5. Second Column: List individual's Campus-Generated ID Number (Fresno State ID).
6. Third Column: Use the following classification codes only:

Faculty	F	Student Assistant	SA
Part-Time Faculty	PTF	Work Study Student	WSS
Support Staff	SS	Research Student	RS
Teaching Assistant	TA	Graduate Assistant	GA
Lab Assistant	LA	Consultant	C

If the above codes do not apply, call 278-2172.

7. Fourth Column: List the name of the building or area for which the access is requested.
8. Fifth Column: List the room number for which access is requested.
9. Sixth Column: Check off the days access should be granted.
10. Seventh Column: Enter times for which the individual should be granted access.
11. Eighth Column: Specify whether a PIN# should be used to access the room. Enter "Y" for Yes or "N" for No.
12. Ninth Column: Specify whether a Toggle should be used to access the room. Enter "Y" for Yes or "N" for No.
13. Tenth Column: Specify a date on which the access to this room for the individual listed should expire.

JUSTIFICATION: All requests for students, or consultants must be accompanied by a separate written justification of need, signed by the appropriate Dean, Department Chair, or Division Head. Justifications lacking sufficient detail will be denied and returned for additional information.

ALL INCOMPLETE OR INCORRECT REQUESTS WILL BE RETURNED TO DEPARTMENTS FOR CORRECTION.

When the programming is complete, your department will be notified by telephone.

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### PENAL CODE 469:

Any person who knowingly makes, duplicates, causes to be duplicated, or uses, or attempts to make, duplicate, cause to be duplicated, or use, or has in his possession any key to a building or other area owned, operated, or controlled by the State of California, any State agency, board, or commission, a county, city, or any public school, or community college district without authorization from the person in charge of such building or area or his designated representative and with the knowledge of the lack of such authorization is guilty of a misdemeanor. Added, Stats. 1970, chap 1090.