

CATTARAUGUS COUNTY

EMPLOYEE REQUEST FOR DOOR ACCESS

Employee Name / Number:

Department:

Location:

Supervisor/Dept. Head:

Expected Frequency of Visits: _____ days per month

Hours: (*check one*) _____ Traditional _____ Non-Traditional

Facility to Access: _____ Little Valley _____ Olean County Building

_____ Pines - Olean _____ Pines - Machias

Door(s) Needed:

Similar active employee:

Little Valley:

_____ Front/main _____ Ground Floor

_____ Side _____ Maintenance

_____ Back

Olean:

_____ Switchboard _____ Probation Back Door

_____ Health Side Door _____ Maintenance

_____ Home Care (WIC) _____ Laboratory
Internal

_____ DSS

Approval Granted:

(*Department Head*)

_____ *Door access approved*

(*County Administrator*)

Human Resources:

Access issued on: _____
(*Date*)

By: _____
(*Initials*)