

Instruction for Access Control Request Forms

1. Use the Access Control Request Form.pdf to fill out a request for staff or management in your area that needs to be issued an Access Control Card. The management of each department is responsible for filling out the form so it can be routed for signatures within your department's chain of command. Please rename the form after it is filled out to **EmployeeFirstName EmployeeLastName Access Control Request Form.pdf**.
Example: **John Doe Access Control Request Form.pdf**
2. As a proactive step, please gain a head shot of everyone in your department, and label each headshot with the employee's name. Please send all headshots for your department in one email to accesscontrol@msjc.edu. Head shots of staff should be business casual attire, and staff should not be wearing sunglasses or a hat.

NOTE: For the employee shift section, please indicate the normal shift the employee will work.

1. Day Shift is typically between 7:00 a.m. to 6:00 p.m.
2. Swing Shift is typically between 2:00 p.m. to 12:00 a.m.
3. Night Shift is typically between 10:00 p.m. to 7:00 a.m.
4. 24/7/365 access is ONLY to be used for critical employees in the IT department, Maintenance and Operations, Campus Security, and Executive Cabinet Members.

**Mt. San Jacinto Community College District
Facilities Management Access Control Card
Request Authorization Form**

Check One
 Full-time Faculty
 Associate Faculty
 Full-time Staff
 Part-time Staff
 Other
 Contractor/Vendor
 Volunteer

Routing: Please send all completed requests to:
accesscontrol@msjc.edu and follow Access
 Control Instructions for PDF Routing/Locations.

District Employee No.:

Name: Last First M.I.

Extension:		Department:	Human Resources
		Email:	doe@msjc.edu
Authorizing Signature – Department Chair/Director:			
Authorizing Signature – Area Dean/Administrator:			
Authorizing Signature – Division Vice President:			
Authorizing Signature – Human Resources Vice President:			

Campus	Building Number (Include All Buildings)	Issue Date	Access Type: Select type of access	Employee Signature
MVC	MVC Mail Room MVC 700		Check One <input type="checkbox"/> 24/7/365 <input checked="" type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Other	
SJC			Check One <input type="checkbox"/> 24/7/365 <input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Other	
TVC			Check One <input type="checkbox"/> 24/7/365 <input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Other	



NOTE: Please ensure all campus locations that an employee works at and needs access to are on one form. For example Information Technology and Campus Safety may work at multiple locations so all locations should be included on one form. Also, if an employee is going to need additional access, please ensure that the new access control form includes **ALL LOCATIONS** the employee will need access to including any previous locations that they may still need access to.

For example: If an employee has access to the 800 building at MVC and will now need access to the MVC mail room, both locations should be listed on the new access control form.

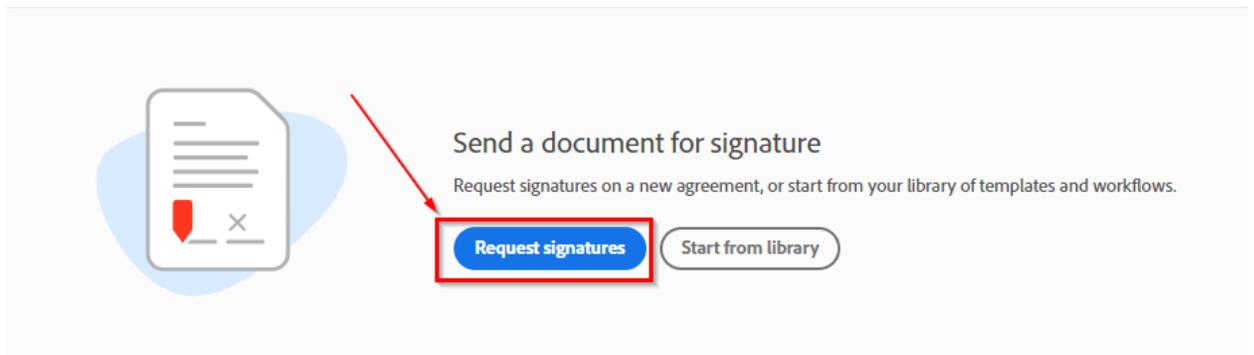
LOCATIONS THAT HAVE ACCESS CONTROLS:

Menifee Valley Campus : MVC 700, MVC 800, MVC 3000, MVC Mail Room

San Jacinto Campus : SJC Gym, SJC Child Care Center, SJC Mail Room

Temecula Valley Campus: Entire Campus has Access Controls

3. After the form is filled out log into Adobe Sign at <https://secure.echosign.com/public/login> using your standard MSJCAD credentials.
4. Select the option to “Request Signatures” under the “Send a document for signature”



5. Enter the email addresses of all of the managers that will need to sign the document in order under Recipients. The Vice President of Human Resources will be the authorizing VP for all access control forms. Also add the employee’s email address at the end of recipients so the employee will be the last person to sign the form. Browse to or drop the .pdf for the employee into the Files Window. Then select the, “Preview and Add Signature Fields” option and select, “Send”

Per the signature lines on the form, the following management will need to sign off on an Access Control Request:

1. Department Chair/Director
2. Area Dean/Administrator
3. Division Vice President
4. Vice President Human Resources
5. Employee Signature for employee who will receive the access control card

NOTE: Be sure to CC the accesscontrol@msjc.edu inbox

Adobe Sign Recipients Instructions:

The screenshot displays the Adobe Sign interface for creating a document. The 'Recipients' section is at the top, with a toggle for 'Complete in Order' (currently off) and 'Complete in Any Order'. Below this, there are three recipient slots. The first two are filled with 'JohnDoe@msjc.edu' and 'JaneDoe@msjc.edu', each with a dropdown arrow and an 'Email' icon. The third slot is empty with the text 'Enter recipient email'. Below the recipients is a 'CC' section with a 'Hide' link and one recipient: 'accesscontrol@msjc.edu'. The 'Message' section contains the text 'Access Control Request Form' and 'Please review and complete Access Control Request Form.'. The 'Files' section shows one file: 'Access Control Request Form.pdf'. To the right of the files is an 'Options' panel with checkboxes for 'Password Protect' and 'Set Reminder', and a 'Recipients' Language' dropdown set to 'English: US'. At the bottom, there is a checkbox for 'Preview & Add Signature Fields' and a blue 'Send' button.

6. Select the recipients drop down, and select the first person that will need to sign the document. Then drag the, "Signature" option over to the appropriate field that will require a signature. Repeat these steps until all recipient's signature fields are added including the employee who will receive the access card. Be sure to add the accesscontrol@msjc.edu to the CC option which will route the final signed document back to the operator so they can process the request and then click send. The document will now be routed to all parties for signatures.

Extension:		Department:		Managers Signatures Here
		Email:		
Authorizing Signature – Department Chair/Director:			* Signature	
Authorizing Signature – Area Dean/Administrator			* Signature	
Authorizing Signature – Division Vice President:			* Signature	
Authorizing Signature – Human Resources Vice President:			* Signature	

Campus	Building Number (Include All Buildings)	Issue Date	Access Type: Select type of access	Employee Signature
MVC			Check One <input type="checkbox"/> 24/7/365 <input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Other	* Signature
SJC			Check One <input type="checkbox"/> 24/7/365 <input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Other	Employee Signatures Here