

**GAINESVILLE REGIONAL UTILITIES**

**BADGE HOLDER DATA COLLECTION FORM**

DISK NO: \_\_\_\_\_

PHOTO NO: \_\_\_\_\_

DIV / DEP MGR \_\_\_\_\_  
( SIGN )

1 FIRST NAME: \_\_\_\_\_  
2 MIDDLE (INIT): \_\_\_\_\_  
3 LAST NAME: \_\_\_\_\_  
4 EMPLOYEE NO: \_\_\_\_\_  
5 TYPE: \_\_\_\_\_  
6 DEPARTMENT NUMBER: \_\_\_\_\_

7 HOME ADDR : \_\_\_\_\_  
8 APT / UNIT NO: \_\_\_\_\_  
9 CITY: \_\_\_\_\_  
10 STATE: \_\_\_\_\_  
11 ZIP: \_\_\_\_\_  
12 HOME PHONE: \_\_\_\_\_

13 WORK LOCATION: \_\_\_\_\_  
14 WORK AREA: \_\_\_\_\_  
15 WORK PHONE: \_\_\_\_\_  
16 WORK MOBILE: \_\_\_\_\_  
17 WORK PAGER: \_\_\_\_\_  
18 PIN NUMBER: \_\_\_\_\_

LINE #	BUILDING (ABBREV)	GRU DOOR NAME	NOTE	READER NAME (SOFTWARE)	6 AM - 7:30 PM	24 HRS / 7 DAYS ( APPVL. REQD -> )	SPECIAL HOURS ( APPVL. REQD -> )	ADDITIONAL APPROVALS ( Proper Signature Required )
1	ADM	GROUND FLOOR CASHIER	XX	M1R1				
2	ADM	GROUND FLOOR COMPUTER RM		M1R5			Approval Needed	
3	ADM	REAR ENTRANCE		M1R2				
4	ADM	WEST ( 3RD STREET ) ENTRANCE		M1R3				
5	ADM	1ST FLOOR CASHIER	XX	M1R4				
6	DEP	NORTH MAIN ENTRANCE		M2R1				
7	DEP	WEST SUBSTATION		M2R2				
8	DEP	METER SHOP		M2R3				
9	DEP	SOUTH VEHICLE GATE		M2R4				
10	FSC	FRONT ENTRANCE		M3R1				
11	FSC	REAR ENTRANCE		M3R2				
12	WWW	FRONT ENTRANCE		M4R1				
13	WWW	EMPLOYEE ENTRANCE		M4R2				
14	WWW	NORTH READ ROOR						
15	SPH	FRONT ENTRANCE		M5R1				
16	SPH	REAR ENTRANCE		M5R2				
17	SPH	VEHICLE GATE		M5R3				
18	ESC	FRONT ENTRANCE	XX	M6R1				
19	ESC	REAR ENTRANCE	XX	M6R2				
20	ESC	PEDESTRIAN GATE		M6R3				
21	KAN	ADMN FRONT ENTRANCE						
22	KAN	LAB FRONT ENTRANCE						
23	MST	SOUTH ADMN. BLDG ENTRANCE						
24	GRUCOM	NORTH ENTRANCE						
25	GRUCOM	SOUTH ENTRANCE						
26	WELL	WELLNESS CENTER						

**XX CASH OR SYSTEM CONTROL EMPLOYEES ONLY; MANAGERIAL APPROVAL ( AND A PIN NUMBER ) REQUIRED FOR ACCESS**

**THIS SECTION FOR FACILITIES MAINTENANCE USE ONLY!!!**

Employee acknowledges receipt of Proximity Card No. \_\_\_\_\_ for access to designated GRU buildings. Access hours and locations are determined by the employee's manager as indicated above. Employee is responsible for the safety of the card. Any card that is lost, misplaced or stolen must be reported immediately to Facilities Maintenance, Ext. 1213 or Ext. 1211. Lost, misplaced or stolen cards must be replaced within 48 hours. The cost of any lost, misplaced or stolen card is the sole responsibility of the employee and must be paid at the time the replacement card is received.

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

SIGN UPON ACTUAL RECIEPT OF ACCESS CARD ONLY!!!