

**CATTARAUGUS COUNTY  
EMPLOYEE REQUEST FOR DOOR ACCESS**

DE-ACTIVATE CARD AND ACCESS

Signature: \_\_\_\_\_

**Employee Name / Employee #:** \_\_\_\_\_

**Title / 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

\_\_\_\_\_ The Pines – Machias      \_\_\_\_\_ The Pines – Olean

**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      \_\_\_\_\_ Comm. Services  
\_\_\_\_\_ DSS      \_\_\_\_\_ Internal  
\_\_\_\_\_ Pines Front door

**Approval Signatures:**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Department Head)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(County Administrator)

Access issued on: \_\_\_\_\_  
(Date)

By: \_\_\_\_\_  
(Initials)