

**Requestor:**

Name:  Title:   
Department:  Phone:   
Email:

**Type of information being requested:**

**Card Access Transaction Report**

Employee Name:   
Employee ID:   
Specific Building:   
Specific Door:   
Start Date/Time:   
End Date/Time:

**Video Footage**

Building:   
Camera(s):   
Start Date/Time:   
End Date/Time:

**Copy of Incident Report**

Incident Number:

**Briefly describe the reason for this request:**

**Required Signatures**

Requestor:

DHR Labor Relations/Legal Representative Approval (required)

DHR Labor Relations/Legal Representative:

File Location: