Faculty, Staff or Contracted Employee Permit Request Form

ALL REQUESTS FOR FACULTY/ STAFF PERMITS MUST BE SUBMITTED AT LEAST 3
BUSINESS DAYS PRIOR TO WHEN THE PERMIT IS NEEDED.

Name	Phon	Phone Number			
Department or Div	ision				
Type of Staff or Co	ontracted Employe	<u>e</u>			
CLASSIFIED	FACULTY	OTHER CLASSIFICATION			CATION
☐ Full-Time ☐ Part-Time ☐ *Hourly	Full-1	_	The state of the s	olunteer ntern Other	
*All volunteers, interns, ho	urly and contracted employ	ees need a signed n	memo from the	ir division or d	lepartment supervisor.
Permit Details					
Semester and Yea	r Permit is Needed	For			
Date Current Perm	it Expires				
Special Instruction	ns				
How Permit Will B	e Delivered				
☐ Campus Ma	Picke	d Up at G	CC Police	Station (SM153)	
U.S. Mail –	Street Address _				
	City		Stat	:e	Zip
	Do Not Write Below	Γhis Line—For F	Police Dept.	Use Only	
Date Request Received		Request Received By			
Permit #		Card Key #			
Prepared By		Date Prepared			