

BADGE ACCESS DEACTIVATION REQUEST

Badge Deactivation Information

Employee Name _____
Employee Company _____
Employee Badge # _____
Effective Date _____

Reason for Deactivation (Check One)

- Terminated by company Employee resigned Employee walked off job
 Employee is suspended for _____ days Employee suspended indefinitely
 Request for employee to be banned from site for the following reason:

- Other (Give reason) _____

Requestor's Information

Company Name _____
HR Representative Name _____
HR Rep. Contact number _____
Date Requested _____

MBUSI Project Manager Clearance

PRINTED NAME

SIGNATURE

DATE

SECURITY OFFICE ACTION

Badge Deactivated Date/Time _____

Deactivated By: _____