Department of Administration	Facility Management Division Standard Operating Procedure SOP				
Access Card Request (ACR) **Instructions for Building Coordinators to complete and submit ACR forms to Security Systems.**	NUMBER	REV	EFFECTIVE DATE	PAGE 1	OF 6
	SUPERSEDES	PREPARED BY	REVIEWED BY APPROVED BY		

1.0 **PURPOSE:**

This procedure provides the NC Department of Administration, and Security Systems a consistent and uniform process to receive **(ACR)** Forms from approved Building Coordinators.

2.0 **HISTORY OF REVISIONS:**

Date	Revision No.	Change	Reference Section
02/19/2019	Original Version	Identification/License # count	Page 4.

3.0 **PROGRAMS AFFECTED:**

3.1 Facility Management Division/Security Systems

3.2 All State Agencies, Building Coordinators, Permanent, Temporary, and Contract Employees requiring a Card Access Badge or ID Badge created through the DOA Facility Management/Security Systems office.

4.0 **REFERENCES:**

4.1 All North Carolina Department of Administration OSHR Badge ID policies.

4.2 **BCF** (Revised form rev.1 10292018)

4.3 **KCRF** (Key and Core Request Form)

4.4 **DOA** (Inclement Weather Policy) – Inclement Weather Policy

5.0 **POLICY:**

5.1 The Facility Management Division/ Security Systems, Department of Administration will use consistent and uniform forms and processes for accepting Access Card Requests **(ACR's).**

5.2 All Agencies, Departments, and Building Coordinators will use the approved **(ACR)** Form (rev.3 12072018) and send to Security.Systems@doa.nc.gov in the appropriate format.

6.0 **DEFINITION:**

6.1 **ACR** *(*Access Card Request) This form is used for replacement, lost, damaged, agency or department change, employment change, and/or name change.

6.2 **Building Coordinator** – Selected individual(s) assigned and approved from an agency and or Division to send in Key Request Forms, Access Card Request Forms, changes to access levels up to and including deactivations of an individual's access card.

6.3 **BCF** (Building Coordinator Form)

6.4 **DOA** (Department of Administration)

6.5 **FMD** *(*Facility Management Division)

6.6 **New Hire** (to include, Permanent, Temporary, Contractor, Intern Employee and Board and/or Commission members).

6.7 **Security Systems** - Card Access Control and email account (security.systems@doa.nc.gov) to send all security related correspondence. This include Access Card Requests **(ACR's),** changes in access, activations and deactivations, reports, inclement weather, and emergency lockdowns and unlocks of buildings.

7.0 **RESPONSIBILITY:**

7.1 **DOA FMD Badging Office Manager** is responsible for the following:
  7.1.1 Ensure all Building Coordinator lists are up to date.
  7.1.2 Provide a Building Coordinator form **(BCF)** to new or existing Coordinators when duties change or additional Coordinator(s) are added or deleted.
  7.1.3 Educate and assist all new Building Coordinators. This includes providing a copy of **Standard Operating Procedures** regarding **(ACR),** the (**ACR**) Form, and any information pertinent to their specific agency/department regarding access.
  7.1.4 Review and ensure all **(ACR's)** received via email from approved Building Coordinators are correct.
  7.1.5 Inclement Weather / Emergency Building lockdowns and unlocks.

7.2 **DOA FMD Security Systems Office** is responsible for the following:

  7.2.1 Receiving all Card Access Requests and Emails regarding changes to access.

  7.2.2 **Card Access Badges.**
    7.2.2.A - Scheduling Appointments.
    7.2.2.B - Print badges with Photos from Remote Sites.
    7.2.2.C - Print badges and badge replacements if:
      1.) Broken
      2.) Lost
      3.) Stopped Working
      4.) Return to Work
      5.) New Hire
      6.) Agency / Department change
      7.) Name change

  7.2.3 Make access level changes that are requested via email from an approved Building Coordinator.

7.3   **DOA Building Coordinators** are responsible for the following:

    7.3.1   Generating **(ACR)** forms.

    7.3.2   Submitting Forms to Security Systems via email Security.Systems@doa.nc.gov

    7.3.3   Forwarding emails and/or notifying employees when badges are ready for pick-up.

    7.3.4   **Informing Employees** of their fiscal responsibility when they need to pay for a badge, lanyard, etc.

    7.3.5   An electronic document example is supplemented with this document.

8.0   **PROCEDURE:**

8.1   The approved **Building Coordinator** will accurately fill out the **(ACR) Form**. The form must be **electronically filled out** and sent as a **"saved word document"**. This must be in the appropriate MS Word Format. Handwritten, scanned or any other type of document (.pdf etc.) will not be accepted. *Any type of alteration* to the form will not be accepted. If the form is altered or is not submitted by an approved Building Coordinator it will be sent back and can lead to subsequent delays.

8.2   **Filling out the (ACR) Form**

- **The following block areas are required to be filled out. If not, the form will be sent back requesting the information to be completed.**

8.2.1   **Agency Information**: (*Line Item 1)* Each block of information must be completed. It is recommended to *prefill this area* and save it with exception of the request date. This block has a drop-down menu that can be filled on the actual request date. *Save as your template.*

8.2.2 **Payment Option:** (*Line Item 2)* Only one of the two boxes can be selected. If "**send invoice to agency**" is selected, the company and center number **must** be provided. If "**payment by employee**", check that box and **ensure** the employee is aware of their responsibility for payment.

8.2.3 **Complete this portion for each person: (*Line Item 3)* The information provided in this section is the most important aspect of the **(ACR).** Missing information may lead to the delay of scheduling and/or reprinting of a badge.

    8.2.3.A The "**reason for request"** *must* be checked, in order for Security Systems personnel to understand and proceed with the request. The choices below are indicated as **check boxes** on the **(ACR)** form.

        1.) Broken
        2.) Lost
        3.) Stopped Working
        4.) Return to Work
        5.) New Hire
        6.) Agency Change
        7.) Name Change

8.2.3.B (Badge Stopped Working): If an employee indicates to the Building Coordinator that the badge has stopped working *please inquire:*

- *Has it been left in a vehicle?*
  The cards are sensitive to hot and cold temperatures.
- *Is there any sign of a bend or crack?*
- *When was the last time it worked?*
- *How old is the badge?*
  The creation date is printed on the back.
- Asking these questions will help determine if a replacement is required or to get a service request to have a technician investigate if it is a programming or hardware issue.

8.2.3.C (Name Change): Put the new name in the boxes indicating First and Last Name. Under *"Additional Instructions"*, **please put in the former or maiden name.** This name is what is in the system and how we can cross reference the individual.

8.2.3.D (Department): *(example - Department of Administration)*

8.2.3.E (Division): *(example - Facility Management Division)*

8.2.3.F (Driver's License # Last (4) digits only): (Passports, Federal or State ID's State ID's **(also Last (4) Digits)** with a photograph are acceptable forms of identification.

8.2.3.G (Phone number with Area Code): this can be the employees' office or cell phone. A Supervisor's or a Building Coordinator number is also acceptable if he/she is responsible for scheduling appointments.

8.2.3.H *(New Hire)* Please ensure that the hire date is entered under **"Employee Start Date"**, this is also a drop-down menu to view and check **"click the date"**.

8.2.3.I (Access Levels): One box must be checked. The days and times reflect the type of access, Regular Day, Extended Day or Unlimited 24/7.

8.2.3.J (Access Card Expiration date): This area <u>*must*</u> be filled out for Temporary Employees, Contractors, and Interns.

8.2.3.K (Employment status): Hiring status of the employee, **box must be checked and be accurate.** This determines the color of the stripe of the badge. *(selections below)*

        1.) Permanent Employee - Red
        2.) Temporary Employee – Sky Blue
        3.) Board or Commission Member - Gold
        4.) Contractor - Yellow
        5.) Intern – Purple

8.2.3.L Access Needed: This area is for all the access levels needed, be as specific as possible.

8.2.3.M Additional Instructions: The person's former name, ID purposes only, Field office location, alternate phone number for scheduling etc. Enter any additional information you may feel will help to expedite the process.

The areas below "Additional Instructions" are for internal use and signatures only
<u>*Do not attempt to fill any information out here.*</u>

8.3 **Processing the (ACR):** Security Systems will determine the action to take for processing the **(ACR).** New hires and any existing employees that request a new or replacement badge with a photo over five years old will be contacted for a formal photo shoot.

Appointment times:
Tuesday, Wednesday and Thursday from 9:00am to 11:00am and 2:00pm - 4:00pm

   8.3.1 Any **(ACR)** that is considered a **re-print**, or the photo is **under five years old** will be printed and an email will be sent to the Building Coordinator that the badge is ready for pick up.
   - Instructions on where Security Systems is located and the times available for pick-up will be in the body of the email.
   - If an *employee is responsible* for payment, a different type of email will be sent out and will specify the cost of the badge and the option to purchase a lanyard.
   - **Check and/or cash** are the only means of payment.
     - ❖ *Exact change is required – we do not break bills.*

   8.3.2 It is the responsibility of the Building Coordinator to forward the **entire email** on to the employee receiving the badge. This is to ensure that they know it is their responsibility to pay for and pick up the badge. The body of the email displays the specified business hours for pickup.
   8.3.3 If an **Access Card Badge** is left in the office over **(60) sixty days**, the Building Coordinator will receive an email that the badge has not been picked up. If it has not been picked up within **(7) seven** business days of the reminder email it will be destroyed, and the **agency will be invoiced** for the card.

8.4 **Access Changes**: If there is need for an employee to have additional access, deleted access, disabled access, temporarily or permanently, *do not use the (ACR).* Only an email sent to the security systems email account is required. The email **must** come from an approved Building Coordinator. Email to Security.systems@doa.nc.gov. If an employee needs access to a building other than the one he/she works in, the Building Coordinator must reach out via email (*copying to the security systems email account*) to the appropriate Building Coordinator responsible for that building for access approval.

8.5 **Building Coordinator Information:** All building coordinator information and inquiries can be obtained by contacting Security Systems @ 919-733-1800.

8.6 **Badge & Lanyard Costs:** All information regarding the costs for Lanyards, Badges, Clips or Mini Prox Pucks can be obtained by calling Security Systems @ 919-733-1800 x203

8.7 **Scheduling Multiple Groups:** When there is a need to do a **remote photoshoot** i.e. groups of *10 or more* individuals, we recommend scheduling an event. This would be for multiple employees at one agency, groups of interns coming in, transition team members and/or new elect groups. Please call 919-733-1800 x203 and coordinate with our Badge Manager and schedule a time and place for this event.

ACCESS CARD REQUEST
North Carolina Department of Administration
Division of Facility Management-Security Systems
919-733-1800
Appointment Hours: Tuesday-Thursday 9:00 AM - 11:00 AM and 2:00 PM - 4:00 PM

1. AGENCY INFORMATION: Rev. 3 - 12/10/2018

BUILDING COORDINATOR:	Click or tap here to enter	REQUEST DATE	Click or tap to enter a date.
DEPARTMENT – DIVISION:	Click or tap here to enter	BUILDING NAME	Click or tap here to enter
MSC#, CITY, STATE, ZIP:	Click or tap here to enter	TELEPHONE #	Click or tap here to enter

2. SELECT PAYMENT OPTION:

☐	SEND INVOICE TO REQUESTING AGENCY	COMPANY & CENTER NUMBER ⟹	Click or tap here to enter #		
☐	PAYMENT BY EMPLOYEE (CHECK MADE PAYABLE TO DOA OR EXACT CHANGE REQUIRED)	DATE:	CHECK #:	RECEIPT #:	

3. COMPLETE THIS PORTION FOR EACH PERSON. (Pictures over 5 years old must be updated)

REASON FOR REQUEST:	EXPLANATION Click or tap here to enter text
☐ BROKEN ☐ LOST ☐ STOPPED WORKING ☐ RETURN TO WORK ☐ NEW HIRE ☐ AGENCY CHANGE ☐ NAME CHANGE	
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name

DEPARTMENT: NO ABBREVIATIONS	Click or tap here to enter Department
DIVISION: NO ABBREVIATIONS	Click or tap here to enter Division
DRIVER'S LICENSE # LAST (4) ONLY:	Click or tap here to enter License – last 4 digits only.
PHONE NUMBER WITH AREA CODE:	Click or tap here to enter Phone.
EMPLOYEE START DATE: * required*	Click or tap to enter a start date.

☐	REGULAR DAY ACCESS 6:30 AM TO 6:30 PM, MONDAY THROUGH FRIDAY, NO HOLIDAYS		☐	PERMANENT EMPLOYEE
☐	EXTENDED DAY ACCESS 6:30 AM TO 10:30 PM, MONDAY THROUGH FRIDAY, NO HOLIDAYS		☐	TEMPORARY EMPLOYEE
☐	UNLIMITED ACCESS - 24 HOURS A DAY, 7 DAYS A WEEK, INCLUDES HOLIDAYS		☐	BOARD OR COMMISSION MEMBER
☐	ACCESS CARD EXPIRATION DATE: *REQUIRED FOR: Temps, Interns and Contractors*		☐	CONTRACTOR *requires picture*
	Click or tap to enter an expiration date.		☐	INTERN

ACCESS NEEDED:	Click or tap here to enter text. State circumstances, be as specific as possible
ADDITIONAL INSTRUCTIONS:	I.D. purposes only, field office locations, badge expiration date, etc Add any information we may need to assist you in getting the best results.

4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO:
security.systems@doa.nc.gov
5. SECURITY SYSTEMS WILL CONTACT EACH PERSON TO SCHEDULE AN APPOINTMENT FOR AN ACCESS CARD.

6. GO TO https://ncadmin.nc.gov/about-doa/divisions/facility-management for additional guidelines and information.

SIGNATURE: DATE:

CONTACTED:			APPOINTMENT:	
WORK ORDER NUMBER:			MATCH NUMBER:	
COMPLETED BY:		MAN HOURS:	COMPLETION DATE:	

PROX CARD	LANYARD CLIP COMBO	CLIP ONLY	LANYARD ONLY	MINI-PROX DISC
#9201	#9913	#9192	#9190	#9221