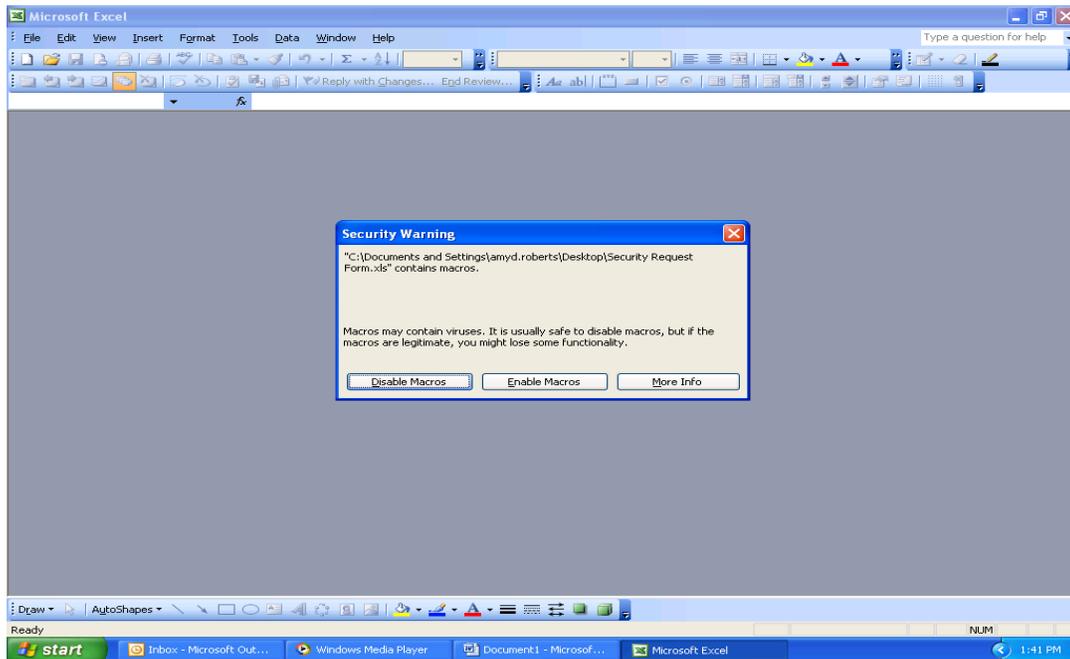


# **COT INSTRUCTIONS FOR COMPLETING THE FINANCE SECURITY REQUEST FORM**

1. Open the Excel Spreadsheet titled **“Security Request Form 140626.xlsm.”** **DO NOT COPY AND PASTE INFORMATION FROM THIS OR ANY OTHER EXCEL SPREADHSEET TO ANY PART OF THIS FORM!**
2. You should not receive the following Security Warning:



But if you do receive this message, please choose “Enable Macros.”  
The “Tab” Key can be used to navigate this form.

## **COT MANAGERS/REQUESTORS:**

**DO NOT HIT THE “SUBMIT REQUEST FORM” BUTTON AFTER COMPLETING THIS FORM.** This will send the form directly to Finance Facilities who will not accept the request. All badge requests must come through the COT authorized badge liaisons. COT Badge Liaisons are Kathy Hanna and Stevi Gottler, Security Administration Branch.

- Complete "Requested By" with the name of the person who is requesting the badge.

**SECURITY REQUEST FORM**

RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete

REQUEST DATE: 6/26/2014

REQUESTED BY: Susan L. Jones

DEPT. NAME: [Red Field]

3-DIGIT AGENCY #: [Red Field]

EMARS TEMPLATE: [Red Field]

CONTACT PERSON: [Red Field]

BADGE TEMPLATE: [Red Field]

CONTACT NUMBER: [Red Field]

BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!

New / Replacement Badges - \$16.00  
Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

CHOOSE TYPE OF BADGE AND ACTION

Select One [Red Field]    Select One [Red Field]    Select One [Red Field]

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Red Field]

EMPLOYEE IDENTIFICATION #: [Red Field]

5 DIGIT CODE ON BACK OF BADGE: [Red Field]

BUILDINGS    EAST/WEST    ACCESS TIMES

Select Building From Dropdown List [Red Field]

Form Not Complete  
Submit Request Form  
Form Not Complete

- Enter "Department Name" - the name of the agency (Cabinet) by which the requesting individual is employed. For example: COT.

**SECURITY REQUEST FORM**

RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete

REQUEST DATE: 6/27/2014

REQUESTED BY: Susan L. Jones

DEPT. NAME: Infrastructure Services

3-DIGIT AGENCY #: [Red Field]

EMARS TEMPLATE: [Red Field]

CONTACT PERSON: [Red Field]

BADGE TEMPLATE: [Red Field]

CONTACT NUMBER: [Red Field]

BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!

New / Replacement Badges - \$16.00  
Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

CHOOSE TYPE OF BADGE AND ACTION

Select One [Red Field]    Select One [Red Field]    Select One [Red Field]

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Red Field]

EMPLOYEE IDENTIFICATION #: [Red Field]

5 DIGIT CODE ON BACK OF BADGE: [Red Field]

BUILDINGS    EAST/WEST    ACCESS TIMES

Select Building From Dropdown List [Red Field]

Form Not Complete  
Submit Request Form  
Form Not Complete

- “The 3-digit Agency #” is the inter-account number or department number. COT managers will enter “079”. On the next line, enter your branch’s EMARS Template Code.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Empty]

CONTACT PERSON: [Select From Dropdown List]  
 BADGE TEMPLATE: [Select From Dropdown List]  
 CONTACT NUMBER: [Select From Dropdown List]

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Select One [Red Field]      Select One [Red Field]      Select One [Red Field]

EMPLOYEE/CONTRACTOR/VENDOR NAME : [Red Field]  
 EMPLOYEE IDENTIFICATION # : [Red Field]  
 5 DIGIT CODE ON BACK OF BADGE : [Red Field]

**BUILDINGS**      **EAST/WEST**      **ACCESS TIMES**

Select Building From Dropdown List [Red Field]

- The “Contact Person” is COT’s authorized badge liaisons (Kathy Hanna or Stevi Gottler). A list is provided in the drop-down box. The “Contact Number” is automatically populated.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Empty]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: [Select From Dropdown List]  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Select One [Red Field]      Select One [Red Field]      Select One [Red Field]

EMPLOYEE/CONTRACTOR/VENDOR NAME : [Red Field]  
 EMPLOYEE IDENTIFICATION # : [Red Field]  
 5 DIGIT CODE ON BACK OF BADGE : [Red Field]

**BUILDINGS**      **EAST/WEST**      **ACCESS TIMES**

Select Building From Dropdown List [Red Field]

- The “Badge Template” is the name of the Agency’s template to be used on the employee’s badge. Please choose the correct information for your agency from the drop-down box provided. (COT)

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Select One [Redacted]      Select One [Redacted]      Select One [Redacted]

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Redacted]  
 EMPLOYEE IDENTIFICATION #: [Redacted]  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS**      **EASTWEST**      **ACCESS TIMES**

Select Building From Dropdown List [Redacted]

- If Badge Template equals COT, two other fields then appear on the left side of the form. Enter the “EMARS Template and Activity Code” for your branch. These are mandatory fields used for billing.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$6.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Select One [Redacted]      Select One [Redacted]      Select One [Redacted]

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Redacted]  
 EMPLOYEE IDENTIFICATION #: [Redacted]  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS**      **EASTWEST**      **ACCESS TIMES**

Select Building From Dropdown List [Redacted]

9. Choose whether the individual designated to receive the badge is, “Full-time, Contractor, Vendor or Other Agency.” (There may be other options but only the above apply to COT).

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

**Form Not Complete**  
**Submit Request Form**  
**Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Select One: [Redacted]    Select One: [Redacted]    Select One: [Redacted]

EMPLOY: [Redacted]  
 EMPLOY: [Redacted]  
 5 DIGIT: [Redacted]

**BUILDINGS**    **EAST/WEST**    **ACCESS TIMES**

Select Building From Dropdown List

10. If you choose “Contractor” you must enter the name of the “Contract Agency” in the field that appears below your selection.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

**Form Not Complete**  
**Submit Request Form**  
**Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Contractor    Select One: [Redacted]    Select One: [Redacted]  
 Contract Agency: [Redacted]

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Redacted]  
 EMPLOYEE IDENTIFICATION #: [Redacted]  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS**    **EAST/WEST**    **ACCESS TIMES**

Select Building From Dropdown List

11. If you choose “Vendor” you must enter the name of the “Vendor Agency” in the field that appears below your selection.

SECURITY REQUEST FORM

RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete

Form Not Complete  
Submit Request  
Form  
Form Not Complete

REQUEST DATE: 6/27/2014  
REQUESTED BY: Susan L. Jones  
DEPT. NAME: Infrastructure Services  
3-DIGIT AGENCY #: 079  
EMARS TEMPLATE: [Redacted]  
TEMPLATE: [Redacted]  
ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
BADGE TEMPLATE: COT  
CONTACT NUMBER: (502) 564-5274

BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!  
New / Replacement Badges - \$16.00  
Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

CHOOSE TYPE OF BADGE AND ACTION

Vendor Agency [Select One] [Select One]

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Redacted]  
EMPLOYEE IDENTIFICATION #: [Redacted]  
5 DIGIT CODE ON BACK OF BADGE: [Redacted]

BUILDINGS EAST/WEST ACCESS TIMES

Select Building From Dropdown List

12. Choose the type of badge requested. For COT, choose “Scan Badge”.

SECURITY REQUEST FORM

RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete

Form Not Complete  
Submit Request  
Form  
Form Not Complete

REQUEST DATE: 6/27/2014  
REQUESTED BY: Susan L. Jones  
DEPT. NAME: Infrastructure Services  
3-DIGIT AGENCY #: 079  
EMARS TEMPLATE: [Redacted]  
TEMPLATE: [Redacted]  
ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
BADGE TEMPLATE: COT  
CONTACT NUMBER: (502) 564-5274

BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!  
New / Replacement Badges - \$16.00  
Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

CHOOSE TYPE OF BADGE AND ACTION

Full Time [Select One] [Select One]

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Redacted]  
EMPLOYEE IDENTIFICATION #: [Redacted]  
5 DIGIT CODE ON BACK OF BADGE: [Redacted]

BUILDINGS EAST/WEST ACCESS TIMES

Select Building From Dropdown List

13. Choose the action you are requesting for this badge. COT options are: “New Access, Additional Access, Access Removal or Replacement Badge.” Note: You can indicate a reason for the replacement/removal in the yellow “Comments” section at the bottom of the form. For example: “Employee lost badge and needs replacement.”

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3 DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non Scan / Identification Badges \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Full Time | Scan Badge | **Select One**  
 Select One  
 New Access  
 Additional Access  
 Reactivation  
 Access Removal  
 Replacement Badge

EMPLOYEE/CONTRACTOR/VENDOR NAME: [Redacted]  
 EMPLOYEE IDENTIFICATION #: [Redacted]  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS** | **EAST/WEST** | **ACCESS TIMES**

Select Building From Dropdown List

14. Enter the name of the Employee/Contractor/Vendor in the next red field. Enter First, Middle Initial and Last Name. This will be the name printed on the security badge. Please check that the spelling is correct.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3 DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non Scan / Identification Badges \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Full Time | Scan Badge | **New Access**

EMPLOYEE/CONTRACTOR/VENDOR NAME: **Lucy M. Johnson**  
 EMPLOYEE IDENTIFICATION #: [Redacted]  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS** | **EAST/WEST** | **ACCESS TIMES**

Select Building From Dropdown List

15. Enter ONLY the last four digits of the employee's SSN in the Employee Identification # field. **DO NOT ENTER "1234" OR ANY GENERIC COMBINATION THEREOF TO COMPLETE THIS FORM!**

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Full-Time | Scan Badge | New Access

EMPLOYEE/CONTRACTOR/VENDOR NAME: Lucy M. Johnson  
 EMPLOYEE IDENTIFICATION #: 7294  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS** | **EASTWEST** | **ACCESS TIMES**

Select Building From Dropdown List

**Form Not Complete**  
 Submit Request Form  
 Form Not Complete

Cell G21 commented by Amy D. Roberts

16. The 5 Digit Code on back of badge field is for the Finance Badge Office Only.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**CHOOSE TYPE OF BADGE AND ACTION**

Full-Time | Scan Badge | New Access

EMPLOYEE/CONTRACTOR/VENDOR NAME: Lucy M. Johnson  
 EMPLOYEE IDENTIFICATION #: 7294  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS** | **EASTWEST** | **ACCESS TIMES**

Select Building From Dropdown List

**Form Not Complete**  
 Submit Request Form  
 Form Not Complete

Cell G21 commented by Amy D. Roberts

- Choose the required building(s) from the drop-down box provided. Click on the “Select Building from Dropdown List” and a box will appear around it with an arrow to the right. Click on the arrow to access the drop-down box. Choose the required building and it will automatically be highlighted. Scroll to the building (and/or floor), click your selection and it will appear on the form.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**Type Of Badge and Action**

Full-Time Scan Badge New Access

EMPLOYEE/CONTRACTOR/VENDOR NAME: Lucy M. Johnson  
 EMPLOYEE IDENTIFICATION #: 000-00-7294  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS EASTWEST ACCESS TIMES**

COT Commonwealth Data Center (CDC) Select One

- Once you have chosen a building, the next box/option “N/A, East, West or ALL” will automatically appear. Click on the applicable option (COT will choose “N/A”) and your selection will appear on the form.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**Type Of Badge and Action**

Full-Time Scan Badge New Access

EMPLOYEE/CONTRACTOR/VENDOR NAME: Lucy M. Johnson  
 EMPLOYEE IDENTIFICATION #: 000-00-7294  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS EASTWEST ACCESS TIMES**

COT Commonwealth Data Center (CDC) WEST Select One

19. Please select the required access time for the selected building under “Access Times.” The options are M-F 6A-6P or 24/7.

**SECURITY REQUEST FORM**

**RED FIELDS ARE REQUIRED FOR PROCESSING - Form Not Complete**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**Type Of Badge and Action**

Full-Time | Scan Badge | New Access

EMPLOYEE/CONTRACTOR/VENDOR NAME: Lucy M. Johnson  
 EMPLOYEE IDENTIFICATION #: 000.00.7294  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS** | **EAST/WEST** | **ACCESS TIMES**

COT Commonwealth Data Center (CDC) \* | WEST | Select One  
 M-F 6A-6P  
 24/7

20. After the first building selections have been made, a gold box will appear on the next line that says, “Select Next Building.” You may choose as many buildings and/or door combinations as needed to complete your request. Please put any additional building choices that will not fit on the form in the yellow comments section at the bottom of the form.

**SECURITY REQUEST FORM**

**Form Complete - Submit Form Using Button**

REQUEST DATE: 6/27/2014  
 REQUESTED BY: Susan L. Jones  
 DEPT. NAME: Infrastructure Services  
 3-DIGIT AGENCY #: 079  
 EMARS TEMPLATE: [Redacted]  
 ACTIVITY CODE: [Redacted]

CONTACT PERSON: Kathy E. Hanna  
 BADGE TEMPLATE: COT  
 CONTACT NUMBER: (502) 564-5274

**BADGE REQUESTS EXPIRE 90 DAYS FROM THE ORIGINAL REQUEST DATE!**  
 New / Replacement Badges - \$16.00  
 Non-Scan / Identification Badges - \$5.00 (Front ONLY) / \$8.00 (Front AND Back)

**Type Of Badge and Action**

Full-Time | Scan Badge | New Access

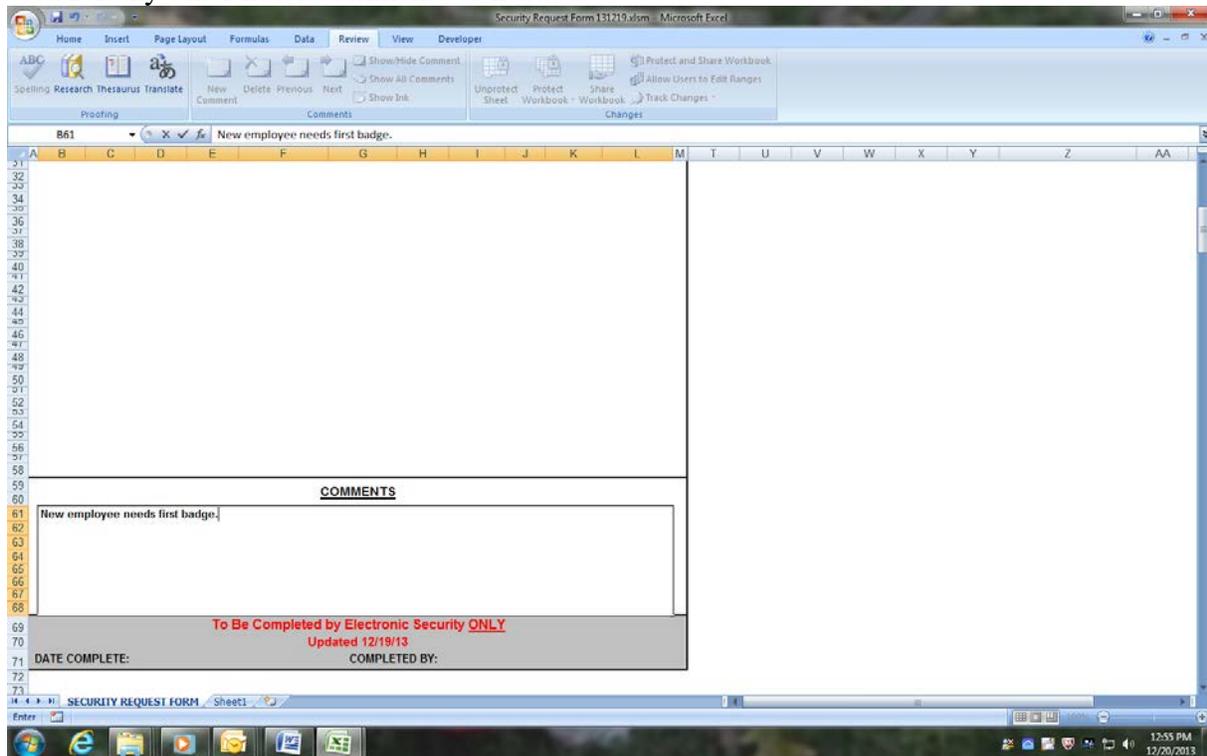
EMPLOYEE/CONTRACTOR/VENDOR NAME: Lucy M. Johnson  
 EMPLOYEE IDENTIFICATION #: 000.00.7294  
 5 DIGIT CODE ON BACK OF BADGE: [Redacted]

**BUILDINGS** | **EAST/WEST** | **ACCESS TIMES**

COT Commonwealth Data Center (CDC) \* | WEST | M-F 6A-6P

Select Next Building

21. COT requestors will enter the “Division Name” and the “Branch” of the requesting individual in the comments section at the bottom of the form. This comment sections can also be used for any other notes/comments as needed.



**DO NOT HIT THE “SUBMIT REQUEST FORM” BUTTON AFTER COMPLETING THIS FORM.**

The COT Manager will now send an email to their Director, attaching this form and requesting approval via email response. An email, along with the completed Finance Security Request Form and any approval emails, is submitted to the Commonwealth Service Desk. All approvals must be obtained prior to submitting to the Commonwealth Service Desk.

The COT authorized badge liaisons will review and forward this form and all approval emails to Finance Facilities for processing. Finance Facilities will not accept the Security Request form directly from the requestor.