



Staff Authorization Form

For _____



Please provide three emergency contacts to include
Admin Director / System Admin and all possible phone numbers

Employee Name/ Position	Have Access or May Be Admitted to Room(s) by Superintendent Staff	Emergency/ Computer Contact (E) (C) Home No.		May Request Door Keys	Make WO Request (Limit 2)

(Signature of Senator, Senate Official)

(Date)

Please return form to Senate Superintendents Office, Service Division SD-G49