



NAVAJO AGRICULTURAL PRODUCTS INDUSTRY (NAPI)
SECURE ACCESS REQUEST

EMPLOYEE'S NAME: _____
JOB TITLE: _____

DEPT.: _____
STATUS*: _____

EMP. NO.: _____
RQST. DATE: _____

**Status Options: Full-Time (FT), Seasonal (S), or Temporary (T)*

PURPOSE:	KEY TYPE:	LOCATIONS OF ACCESS:		
<input type="checkbox"/> New Employee <input type="checkbox"/> Reclassification <input type="checkbox"/> Replacement <input type="checkbox"/> Contractor	<input type="checkbox"/> Cut Key, Stamp # _____ <input type="checkbox"/> Access Card (Electronic) <input type="checkbox"/> Both HOURS: <input type="checkbox"/> _____ <input type="checkbox"/> 24-Hours	<input type="checkbox"/> ATRL <input type="checkbox"/> Agronomy <input type="checkbox"/> Bean Plant <input type="checkbox"/> DNLOC (U) <input type="checkbox"/> DNLOC (D) <input type="checkbox"/> Exec. Offices <input type="checkbox"/> Feed Lot	<input type="checkbox"/> Flour Mill <input type="checkbox"/> Fresh Pack <input type="checkbox"/> Headquarters <input type="checkbox"/> Master Key <input type="checkbox"/> O&M Duty St. <input type="checkbox"/> R1 Offices <input type="checkbox"/> R2 Top Office	<input type="checkbox"/> R2 Scales <input type="checkbox"/> Seed WHS. <input type="checkbox"/> Farm Scales <input type="checkbox"/> Other: _____ _____ _____

_____ LOST KEY: Report lost key immediately to the Security Department at (505) 566-2659 or on the next business day. There will be a \$25.00 non-refundable fee by payroll deduction through NAPI's Payroll Office. The key will be replaced when the fee is paid in full and the Secure Access Request form is completed and approved.

_____ DAMAGED KEY: The damaged key must be returned, at which time the replacement key will be issued. If the damaged key is not returned, it will be automatically subject to the replacement fee.

_____ INFORMATION CHANGE: The change must be approved before issuance of a new key. The outdated key must be returned prior to receiving a new one. If the outdated key is not returned, it will be automatically subject to the replacement fee.

I understand that as an employee of NAPI with a Secure Key(s), I am responsible for maintaining the safety and security of my assigned work area. I have received and read the Key Control System Manual and NAPI Policy #706 (Return of Property.) By signing this request form, I agree to comply with all its provisions.

Accepted and

Acknowledged by: _____
Employee's Signature Employee's Name Printed Date

Manager's Signature Manager's Name Printed Date

OFFICE USE ONLY

This request must be approved and signed before access is granted.

Human Resource Manager's Signature Date ☐ Approved ☐ Denied

Key Control Manager's Signature Date ☐ Approved ☐ Denied

WHITE – ORIGINAL: Security Dept. YELLOW: HR Dept. PINK: Department Manager GOLD: Employee