



(FACILITIES ADMINISTRATION USE ONLY)
 SMS ENTRY DATE: _____
 ENTERED BY: _____

Maryland Judiciary Annapolis Complex Access Request Form
PLEASE COMPLETE AND SUBMIT BY INTEROFFICE MAIL, SCANNED EMAIL, OR FAX TO

Office of Security Administration
 Attention: Security Coordinator

Email: AOCFACSEC@MDCOURTS.GOV / Fax: (410) 260-2527 / Phone: (410) 260-3517

NAME (please print)		
LAST:	FIRST:	TITLE:
ID BADGE NUMBERS <u>Front:</u>		<u>Back:</u>
OFFICE:	OFFICE PHONE:	

FOR SUPERVISOR USE (must be completed in full)	
Check this box if the employee is temporary or contractual: <input type="checkbox"/>	<u>EXPIRATION DATE</u> FOR TEMPORARY OR CONTRACTUAL EMPLOYEE ACCESS: _____

Courts of Appeal

- General Access
- Judges' Area Access

Md. Judicial Center (580 Taylor)

- General Access

Judicial Disabilities

- General Access

AOC Annex

- 2001 C 2003 C/D
- 2001 D 2003 E/F
- 2001 E/F

**Red Clearance - Must get Procurement Management approval*

JCECC

- General Access
- 2009 A

District Court

- TPC/DE
- TPC MR
- Transcribing
- Self Help Center

ACCESS TIMES		
STANDARD ACCESS <input type="checkbox"/> 6:30AM – 6:00PM M-F	EXTENDED ACCESS <input type="checkbox"/> 6:30AM – 10:00PM M-F	WEEKEND ACCESS <input type="checkbox"/> 6:30AM – 6:00PM Sat - Sun
Other Access Requests <input type="checkbox"/> (specify time frame and location) _____		

I am responsible for the safe-keeping of my State of Maryland Security Card and will not allow another individual to use, copy, or in any manner reproduce this card. I also understand I must immediately report any lost, stolen, confiscated or destroyed State of Maryland Security Card to the Office of Security Administration. I acknowledge if I am granted electronic access privileges (prox) to Maryland State facilities, I am not to allow any others to use my card to enter or exit a facility on my prox privileges. I acknowledge my State of Maryland Security Card is the property of the State of Maryland, and I agree to return my State of Maryland Security Card to my employer upon the request of my employer, or upon termination of, retirement from, or change in employment status with the State of Maryland.

SUPERVISOR

Print: _____

Date: _____

SUPERVISOR

Signature: _____

Date: _____

CARDHOLDER

Signature: _____

Date: _____