|  |  |
| --- | --- |
|  | **Capitol Access**  **Authorization List** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | |  | | | | | |
|  | | | | | | | | | |
| In accordance with OAC 580:10-5-2(d), this list authorizes the state employees named herein access to the Capitol outside the standard hours of operation as stated below. Note: You may also name any company, which may be required to perform services outside standard hours of operation. | | | | | | | | | |
|  | Employee Name | | Employee’s Office Location | | | Agency Phone # | Employee Director Phone # | Room Numbers Authorized to Access | Hours Authorized to Access |
| 1 |  | |  | | |  |  |  |  |
| 2 |  | |  | | |  |  |  |  |
| 3 |  | |  | | |  |  |  |  |
| 4 |  | |  | | |  |  |  |  |
| 5 |  | |  | | |  |  |  |  |
| 6 |  | |  | | |  |  |  |  |
| 7 |  | | ` | | |  |  |  |  |
| 8 |  | |  | | |  |  |  |  |
| 9 |  | |  | | |  |  |  |  |
| 10 |  | |  | | |  |  |  |  |
| 11 |  | |  | | |  |  |  |  |
| 12 |  | |  | | |  |  |  |  |
| 13 |  | |  | | |  |  |  |  |
| 14 |  | |  | | |  |  |  |  |
| 15 |  | |  | | |  |  |  |  |
|  | | | | | | | | | |
| The name and telephone number of an administrative employee of the agency for emergency contact purposes outside of the Capitol: | | | | | | | | | |
|  | | | | | |  |  | | |
| Print Primary Contact Name | | | | | |  | 24 Hour Phone # | | |
|  | | | | | |  |  | | |
| Print Alternate Contact Name | | | | | |  | 24 Hour Phone # | | |
|  | | | | |  | | |  | |
|  | | | | | Chief Administrative Officer Signature | | |  | |
|  | | | | |  | | |  | |
|  | | | | | Print Name | | |  | |