**Access Form**

**MS7, JBRC7 & 8, KIAM**

**Research Department**

**MS752 Orange Bison**

**204-787-4175**

**Return completed form to** [**MLOUREIRO@HSC.MB.CA**](mailto:MLOUREIRO@HSC.MB.CA)

Centre

Sciences

Health

|  |  |
| --- | --- |
| *Program Name:* |  |
| *Staff/Student Name*: |  |
| *Is this a staff replacement?* | Yes or No |
| *If yes, who are they replacing?* |  |
| *Employer*:  HSC/UofM/Other-please state: |  |
| *ID/Student* #: |  |
| *HSC Cost Centre #*  *or UofM FOAP #*  *or CCMB account number #* |  |
| *Job/ Position Title :* |  |
| *Effective date of access:* |  |
| *Access required for :*  *Keys required for:* | Building:  Floor #:  Room(s) #: |
| *Status (circle one):* | Permanent – Term – Casual |
| *If term expiry date:* |  |
| *FTE (circle one):* | Part-time – Full-time |
| *Has PHIA been completed:* |  |
| *How often will space be used*  (ie. daily, once a week, infrequently etc.): |  |
| *Staff/student contact* *info*:  Room:  Telephone:  Email: |  |
| *Supervisor contact* *info*:  Name:  Room:  Telephone:  Email: |  |