**Access Form**

**MS7, JBRC7 & 8, KIAM**

**Research Department**

**MS752 Orange Bison**

**204-787-4175**

**Return completed form to** **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: |  |