

## Access Card Agreement

WHEREAS, Card holder desires to use the Clarion County Courthouse, located at 421 Main Street, Clarion, Pa 16214.

Card holder agrees to use only in conjunction with the card holder's employment.

1. Card holder access shall not be used for the destruction of County property and card holder shall be held responsible for monetary damages if negligence is found.
2. Card holder shall not permit use of their card by any other party and shall utilize their card exclusively for the card holder's professional use. Card holders shall not permit any additional persons entrance while utilizing their card.
3. Card holders other than courthouse employees, Row Officers, law enforcement, emergency and maintenance personnel, shall have limited access Monday thru Friday between the hours of 8:00 a.m. to 4:30 p.m. Card holder agrees to abide by the Clarion County Security Ordinance, Section 7.
4. Non-county employee card holders agree to renew their agreement on a yearly basis. Non-county employee card holder access shall automatically expire at the end of each calendar year. Non-county employee card holder assumes responsibility for requesting a new agreement. New agreements for the next year may be requested beginning December 1 of each calendar year. Requests may be made to the Sheriff's Department.
5. Card holder shall notify their supervisor and Clarion County IT Department **IMMEDIATELY** should their card become lost or stolen. If card holder negligence is found, they shall assume monetary responsibility in replacing their access card.
6. The card holder shall return their access card to their supervisor for submission to the IT Department upon the termination of their employment.
7. Entrances are under constant video surveillance. Card holders who violate the terms and conditions of this agreement may be reported to their supervisor. Habitual misuse may result in the loss of card holders swipe card.
8. All card holders agree to deny entrance to unauthorized users and report unauthorized entries.

In signing this agreement, you are hereby agreeing to the terms and conditions of this agreement.

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Department/Agency

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Full Admin Access  | <input type="checkbox"/> Full CH Access  | <input type="checkbox"/> Elevator Access    |
| <input type="checkbox"/> Admin M-F 8 – 4:30 | <input type="checkbox"/> CH M-F 8 – 4:30 | <input type="checkbox"/> Maintenance Access |
| <input type="checkbox"/> Other _____        |  |   |