MINNESOTA HOUSE OF REPRESENTATIVES
SERGEANT AT ARMS DEPARTMENT

Access Termination Form (Employee)

Employee Name: _____
(Last) (First) (Middle)

House Division: _____ **Supervisor:** _____

Last Day of Employment: _____

Parking End Date (if different): _____

The following item(s) have been returned to the Sergeant at Arms' Office:

☐ **Key Card** ☐ **Parking Hang Tag** ☐ **Name Badge(s)**

☐ **Keys:** All keys must be returned to the Sergeant's Office before being re-issued.

Key Code	Lock Type or Location	Number of Keys

All keys, key cards, parking hang tags, name badges or other items which provide identification as a Minnesota House of Representatives member or employee have been returned to the Sergeant at Arms Office.

_____ _____
Employee Signature Date

_____ _____ _____
Supervisor's Signature Title Date

For Sergeant's Department Office Use:

The items listed above were received by the House Sergeant's Office on _____.
Any known outstanding items have been noted and communicated to the employee's supervisor.

_____ _____
Sergeant's Signature Date

This form must be submitted to the House Sergeant at Arms Department for each departing employee.

B17 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155

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