

REQUEST FOR ISSUANCE OF ACCESS PASS

REMINDERS

- The Access Pass holder agrees to comply with all the rules and regulations in connection with the Access Pass, including wearing it whenever inside DLSU premises, including satellite facilities. The holder commits to ensure that the Access Pass is always in presentable form.
- Applicants are required to pay P150 at the Accounting Office for the Access Pass. Replacement for lost/damaged Access Pass shall be assessed at P500.00. The Access Pass shall remain the property of DLSU and may be revoked any time.
- The Access Pass must be renewed before its expiration date. Renewal of expired Access Pass shall be subject to a penalty of P500.00.
- The following must be attached to this form: (1) Photocopy of a Govt ID (2) NBI clearance (3) Drug clearance certificate from Hi-Precision

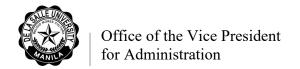
(4) Official Receipt (5) Health Certificate issued by the City of Manila (for food concessions only)

PLEASE PR	INT										
Date Office Assignment			gency		Туре					ID Number	
				☐ Issuance/New ☐ Renew		/al □Replacement					
	Last		ļ.	First			Middle				
Full Name											
Email Address				Mobile Number			Office Local No.				
With Company-Based Contract Period			l	With Individual Deployment Period			Others*				
□ Security □ Safety	☐ Sanitation☐ Grounds	☐ Health☐ Concession	□ Ag		roject Consulta	Support		□Affiliate □BrosCom		Auxiliary (Personal)	
Contract	or	e Transport	ation (For F	esearch/Cons	ultant,	please attach copy of co	ontract)				
	Period of Contract	with DLSU		Deployment period at DLSU							
Start Date				Start Date				Valid for a maximum		ım	Valid for a maximum of
					End Date			of one (1) year			six (6) months
End Date			C			AGENCY/SUPPORT on	nly)				,
Applicant for Access Pass				Applicant for Access Pass			Applicant for Access Pass				
			_								
Signature over printed name / Date				Signature over printed name / Date				Signature over printed name / Date			
Supervising Administrator				Supervising Administrator			Supervising Administrator				
			_								
Signature over printed name / Date				Signature over printed name / Date				Signature over printed name / Date			
				Data Priva	•						
I,and disclose	e my personal data					es my full consent to I s access pass.	De La S	Salle Universi	ty to collec	ct, pro	ocess, store
Signatur	e over printed name	e / Date									

>>>> DO NOT FILL BEYOND THIS POINT <

Access Pass Co	ontrol Number	Step Signature / Date		Notes		
Access Pass Code		M.D (01400)				
Personnel Number		[1] Received (SJ 108)				
Release Number		FOLL 1 : (1100114504)		Claiming (SJ 108)		
Official Receip	ot No. / Date	[2] Indexing (HSSH 1504)				
		[3] Processing (HSSH 1504)				

^{*} Application should be accompanied by a request letter indicating type of work done, frequency of access to campus, and source of compensation.



PROCEDURES FOR REQUESTING THE ACCESS PASS

The Access Pass is issued to non-DLSU personnel following the procedures below:

1. Accomplish the Request for Issuance of Access Pass (RIAP) form available at https://www.dlsu.edu.ph/wp-content/uploads/pdf/vcadmin/riap.pdf

Table of Fees

Issuance/Renewal P 150.00

Replacement of Lost/Damaged P 500.00

Penalty for renewal of expired Access Pass P 500.00 (in addition to renewal fee)

- 2. Pay the assessment at the Accounting Office using the Referral Slip (see next page).
- 3. Email the accomplished RIAP form and required documents to security@dlsu.edu.ph

Required documents

- 3.1.1 Photocopy of a valid government ID
- 3.1.2 Drug clearance from Hi-Precision
- 3.1.3 NBI clearance (for scanning only)
- 3.1.4 Contract (for Research, Consultant, Project)
- 3.1.5 Approved letter (for Affiliate, BrosCom and Auxiliary)
- 3.1.6 Health certificate issued by the City of Manila (for food concessions only)
- 3.1.7 Official Receipt

APPLICATIONS WITH INCOMPLETE DOCUMENTS WILL NOT BE PROCESSED

4. Proceed to Security Office, St. Joseph (SJ) Building Room 115 for the picture taking:

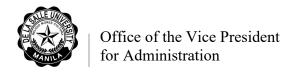
Schedule for Picture-Taking

Mondays to Fridays 10:00am to 11:30pm 4:00pm to 6:00pm

- Picture Taking
 - 5.1 Picture will be taken upon presentation of the official receipt.
- 6. Claim the Access Pass at the Security Office (SJ 108) on the date specified. The original copy of the Official Receipt for the payment must be presented upon claiming of the Access Pass.

Schedule for Step#5 (Claiming of Access Pass)

Mondays to Fridays 9:00am to 12:00pm 3:00pm to 6:00pm



REFERRAL SLIP

TO: THE ACCOUNTING OFFICE

LAST NAME		
FIRST NAME		
Payment for Ac (Please choose		Payment to be credited to the following:
☐ Issuance/Re	newal <u>150.00</u>	Account Name: ESP ID Fund
☐ Replacemen	t <u>500.00</u>	
☐ Penalty	<u>500.00</u>	GL Account Code: 11-4-13-40-221-00000-11000101-1-11-01-511001010-00-0000-0000
TOTAL		

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