



Control Number: **A-100228**  
 Printed: Wednesday, 8/27/2008  
 Received by: \_\_\_\_\_, / /

## Request for Alarm Code

Review

**PLEASE COMPLETE THIS FORM ON LINE**, review and print using the buttons on the right. Then, return it to IT (AD 107). Incomplete or Ineligible data will delay the request.

1. **YELLOW** fields are required
2. Verify **RED** fields

### Alarm Location(s):

Building & Office: Administration, Business Office, Rm. 111

**Requested for:** Johnson, James L  
(As in LACCD records) Last Name First Name M. Initial (Required)

Empl #: 667151 Dept: Business Office

**Empl. Type:**  Administrator  Classified  Certificated  Unclassified  
 Student assistant  Contractor with  Other:

Add. info:  He/she already has alarm code(s) for the following location(s):

Comments: Transferred Employee needs alarm code for the Business Office

**Requested by:** Arvizu, Richard Business Office 2039  
(Dept. Chair/Supervisor) Last Name First Name Department Ext.

(If an alarm code should be deleted, please email [ithelpdesk@lacitycollege.edu](mailto:ithelpdesk@lacitycollege.edu), one week in advance, with the date when the alarm code should be deleted)

Requested-by signature: \_\_\_\_\_ Date: 08 / 27 /2008

===== Stop --- Do not write below this line --- Return form to IT =====

**IT Manager approval:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's instructions: \_\_\_\_\_

### IT Work Done:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Entered at Cosole

Psswr synchronized with the panel/code:

Psswr not synchronized with the panel/code:

Panel: \_\_\_\_\_

Partition: \_\_\_\_\_

Code: \_\_\_\_\_

Psswr: \_\_\_\_\_

Form Revised: 5/11/2007