



Secure Access Card Sign Off

Name: _____ Access Card #: _____

Home Centre: _____ Position: _____

All Umbrella Family employees who have a HWDSB Secure Access Card are to complete this sign off.

In consideration of Hamilton-Wentworth District School Board (HWDSB) issuing a Secure Access Card, the HWDSB or Umbrella Family and Child Centres of Hamilton and employees shall:

1. Track and identify all cards issued to employees (names & card numbers).
2. Ensure those under their employ, have the Card in their possession while on duty at HWDSB sites.
3. Return the Card to HWDSB upon request, expiry or upon completion of a contract, for immediate cancellation (the Card at all times remains the property of HWDSB).
4. Not allow the Card, its identification number or any other information contained on the Card to be tampered with, or used by any other business, or individual not in their employ.

By receiving a Secure Access Card, you understand:

1. To inform Umbrella Family immediately if the Card is lost, stolen or damaged.
2. Be responsible for any fee associated with the renewal or reissue of lost, stolen or damaged cards. In addition, HWDSB and Umbrella Family assumes no responsibility for misuse of the Card, and cannot be held liable for any costs incurred. The contractor agrees to indemnify HWDSB for any expenses incurred through misuse of the Card.
3. Only use the Card to access board buildings while conducting business as per terms of agreement/ contract with HWDSB.
4. Only use the Card to access locations that you are assigned to work at by Umbrella Family.
5. Adhere to the HWDSB Safe Welcome – Protocol
6. Do not leave your Access Card in hot temperatures as it will become defective.

Umbrella Family has the right at any to time to verify the information collected within this form or subsequently by contacting the Employee or Supervisory staff, and/or reserves the right to revoke card credentials for mis-use of the card or misconduct.

I have read and accept the terms and conditions of the agreement and that the information furnished on this Secure Access Card Sign Off Form is true and correct.

Name: _____

Signature: _____ Date: _____