

DEPARTMENTAL FACULTY/STAFF KEY REQUEST

Please submit this form
COMPLETED AND SIGNED to:

Office of Access Control Services
 Department of Facilities & Administrative Services
 Facilities Maintenance Building

By signing this document, recipient acknowledges and assumes all responsibility for said key(s). Keys are inventoried by Name and Employee Identification Number and are not to be transferred or issued to another individual. Recipient will be charged for lost or stolen key replacements and lock changes, if necessary. In the event of on-campus transfer or employment termination, keys are to be returned to the Department of Facilities & Administrative Services by the recipient so that the key assignment records may be updated and a receipt issued. **KEYS ARE TO BE PICKED UP BY THE USER ONLY!**

Please complete the following information:

Responsible Person's Name (Type or print CLEARLY) _____

_____ Date

Please check all that apply:

Current Employee New Employee On-Campus Transfer

_____ E-mail Address

Lost key(s) replacement (MUST attach Campus Police report)

_____ Employee /Student ID Number

Responsible Person's Title _____

DAES Office Use Only

Name	Date
Photo ID Checked By: _____	

Department _____

Campus Extension _____

Locations of requested keys:

Building	Room #	Key ID #	Description of Room/Area (Office, Lab, Closet, etc.)
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If unknown, do not mark.

Justification for requests for Master Keys or Multiple Keys (MUST be approved by Dean or President's Advisory Council member.)

Obtain approval signatures: (Requests that do not include all of the required information or signatures **WILL BE RETURNED!**)

Chairperson/Director: _____
 Printed Name

X _____
 Signature

Dean/PAC Staff Member: _____
 (Required For Master Keys) Printed Name

X _____
 Signature

Approved: _____ Date: _____
Christopher Chamberlin
 Director of Operational Services

_____ Date: _____
Kathryn E. Leverton
 Associate Vice President for Facilities & Administrative Services
 (Required for Grand Master Keys.)