



Key Request

Employee/Faculty Name: _____ Title: _____

Department: _____ Date of request: _____

Room #	Description	Key #	Date Issued	Date Returned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Approval

Division Director/E.C. member (Printed Name): _____

Signature

Date

Return signed form to Director of Facilities Services

As key holders, individuals will assume responsibility for safekeeping and eventual return of college keys. Any request for key duplicates must be submitted to coordinated and performed by the Maintenance Department. Any other method of key duplication is strictly prohibited.

Lost or stolen keys will not be replaced until a key loss report has been submitted to the Director of Facilities Services. **There is a \$20.00 fee for replacement of each lost key.**

Keys will not be issued to student workers.

Employee Signature

Date