REQUESTOR INFORMATION (REQUIRED):

 (PRINT NAME) LAST NAME:

 MIDDLE INITIAL:

 EMAIL ADDRESS:

 DEPARTMENT (BANNER#):

 FIRST NAME:

EMPLOYEE ID#:

 PHONE #:

 JOB TITLE:

 EMPLOYEE TYPE: [ ] CONTRACTOR [ ]  FULL TIME [ ]  PART TIME

 FOAP#:

 **NOTE: COST OF ALL MATERIALS AND LABOR ARE CHARGED TO THE APPROPRIATE ACCOUNT NUMBER**

BUILDING:

 SUITE AND ROOM #(s):

 SELECT KEY TYPE: [ ]  REGULAR [ ]  SUB-MASTER [ ]  MASTER KEY

 REQUESTOR RELATIONSHIP: [ ]  FACULTY [ ]  STAFF [ ]  ADMINISTRATOR [ ]  GRADUATE ASSIS.

 REASON FOR KEY REQUEST: [ ]  NEW ISSUE [ ]  BROKEN [ ]  LOST [ ]  THEFT

**(BROKEN, LOST, AND STOLEN KEYS REQUIRE A POLICE REPORT OR A RETURNED KEY BEFORE ANOTHER IS ISSUED)**

TEMPORARY ISSUE: (SPECIFY TERM): [ ]  CONTRACTOR [ ] OTHER:

**I HAVE READ THE KEY CONTROL POLICY AND AGREE TO COMPLY WITH ALL PROVISIONS. I ALSO UNDERSTAND THAT A VIOLATION OF ANY PART OF THE KEY CONTROL POLICY WILL BE SUBJECT TO DISCIPLINARY ACTION AND MAY LEAD TO TERMINATION. I FURTHER UNDERSTAND ALL KEYS ASSIGNED TO ME MUST BE RETURNED UPON RESIGNATION/TERMINATION.**

SIGNATURES:

 REQUESTOR (PRINT AND SIGN NAME) EXTENSION DATE

APPROVAL:

 SUPERVISOR (PRINT AND SIGN NAME) EXTENSION DATE

APPROVAL:

 DIRECTOR / DEPARTMENT HEAD (PRINT AND SIGN NAME) EXTENSION DATE

APPROVAL:

 ASSISTANT VICE PRESIDENT OF OPS (SIGNATURE REQUIRED FOR SUB-MASTER) DATE

APPROVAL:

 VICE PRESIDENT (SIGNATURE REQUIRED FOR MASTER KEYS ONLY ) DATE

**NOTE: BUILDING ENTRY KEYS REQUIRE VICE PRESIDENT APPROVAL AND MASTER KEYS REQUIRE PRESIDENTIAL APPROVAL.**

 **REQUESTOR, LEAVE BELOW SECTION BLANK FOR KEY SHOP TO COMPLETE**

APPROVAL:

 OPERATIONS BUILDING ACCESS COORDINATOR (PRINT AND SIGN NAME) EXTENSION DATE

NUMBER OF KEYS: TOTAL COST

KEY CODES AND SERIAL NUMBERS:

RECIPIENT OF KEY(S):

 SIGNATURE (PRINT AND SIGN NAME) EXTENSION DATE