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