

Key Request/Return/Transfer Form

Date: _____

Employee Name: _____ Emp ID: _____

Job Title: _____ Department/Division: _____

Email Address: _____ Phone Number: _____

Classification (Select One): Administrative Full-time Faculty Student Assistant/Work Study
 Staff Part-time Faculty Contract Emp. (Manpower)

Action (Select One): Key Request
 Key Return
 Key Transfer *

*** If Transferring Keys – Transferred keys from:**
 Employee Name: _____ Emp ID: _____
 Job Title: _____ Dept/Division: _____

| CAMPUS LOCATION <i>(Required)</i> | KEY NUMBER or CARD CODE <i>(If Known)</i> | BUILDING <i>(Required)</i> | ROOM NUMBER <i>(Required)</i> |
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Reason for Action: New Employee Key/Card Stolen Mechanical Problems
 Termination Reassignment Other (specify): _____
 Lost Key/Card Room Change _____

Justification for Issuance of Keys:

Supervisor's Signature: _____ Date: _____
** Not necessary for Key Returns.*

Dean's Signature: _____ Date: _____
** Only required for Key Request. Not necessary for Key Returns or Key Transfers.*

Human Resource Director: _____ Date: _____

I understand that I am responsible for the safe keeping of all keys/cards issued to me and agree not to loan, transfer, or exchange keys/cards with anyone; not to misuse, modify, alter, copy, or contribute to the making or unauthorized copies of the above keys/cards; to return all keys/cards to Human Resources when they are no longer necessary; and to notify Campus Security and Human Resources immediately upon discovery that any of the keys/cards are lost or stolen.

I understand and agree that I am financially responsible for lost, stolen, or unreturned keys. I also understand and agree that violation of this agreement may render me responsible for the cost of re-keying the affected area(s). I acknowledge this agreement will be placed in my personnel file.

I have read and understand the above key policies.

Employee Signature: _____ Date: _____
** Required when picking up or returning keys.*