

## **Key & Door Code Request Form**

Date		
Last Name	First Name	
Department	Phone Ext.	
Email Address	Cell Number	

ROOM KEY REQUEST				
Room Number		Room Number	Room Number	
Key #		Key #	Key #	
FILING CABINET/DESK KEY REQUEST				
	Number (filing cabinet)		Room Number	

Desk	Number (desk)		Room Number
DOOR CODE CHANGE			

New Combination	Old Combination	Room Number	

CONFIRMATION OF WORK DONE		
Date	Initials	

## OBLIGATIONS

Upon termination of employment or transfer of employment, all assigned keys must be returned to the Facilities Management department.

Under no circumstances, are keys or combination codes to be given out to others.

All lost keys must be reported to the Facilities Management department. A replacement charge will be incurred by the individual in the amount of \$2.00 per key. If the loss of a key necessitates the purchase of a new lock, the individual will be responsible for materials and the labor costs of installation.

## Upon changing/transferring to another position, all keys must be returned to the Facilities Management department.

Note: There is a \$2.00 deposit for all keys issued.

Signature	Date
Authorized by	Date

Once approved, please submit this form by email to <u>buildingmaintenance</u> or bring it to room 2E.21.