EMPLOYEE KEY REQUEST

All areas of the form must be completed and turned into the Facility Services Desk before the key request can be processed. **All Key Requests Require this Form and a Service Request**

Keys to be issued to: __________________________ Date: __________________

(Employee)

Extension: ____________

Keys to be issued for:

____________________________________________________________________

____________________________________________________________________

(Must include building, office #, etc.)

DEPARTMENT HEAD NAME: __________________________

(Please print clearly)

AUTHORIZATION: __________________________

(Director of the Department, Dean or Department Chair Signature)

(Required only for areas outside of the Department Head’s immediate area of supervision)

FUNCTIONAL OFFICER: __________________________

(Please print clearly)

AUTHORIZATION: __________________________

(Functional Officer Signature)

To be completed by Facility Services personnel

<table>
<thead>
<tr>
<th>KEY CODES</th>
<th>DESCRIPTION</th>
<th>FACILITY SERVICES SIGNATURE ON RETRIEVAL</th>
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</table>

(Employee signature on issuance of keys**)

(Date)

**The employee to whom they are issued must sign for keys. Employee accepts responsibility for lost or stolen keys.**