## **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:
155ueu (ö	(Employee)	_ Date
Extension:		
Keys to be issued for:		
(Must	include building, office #, etc.	.)
DEPARTMENT HEAD NAM	E:(Please print clea	
	(Please print clea	arly)
AUTHORIZATION:	(Director of the Departme)	nt, Dean or Department Chair Signature)
(Required only for areas of	<u> </u>	's immediate area of supervision)
FUNCTIONAL OFFICER:		,
FUNCTIONAL OFFICER.	(Please print clea	arly)
AUTHORIZATION:		
Taba		ficer Signature)
KEY CODES	DESCRIPTION	FACILITY SERVICES SIGNATURE ON RETRIEVAL
(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.