

APPENDIX A
KEY REQUEST FORM (6/30/09)

STATUS: Student Temporary Faculty Full Time Faculty
 Contractor Temporary Staff Full Time Staff

End Date: _____

KEY # _____ (Locksmith Only)	Building _____	Room Number _____
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Key Holder Name: _____
 (Print Only) Last First MI. UIN# (circle one) Faculty/Staff or Student K#

Title _____
 Requesting Dept / Phone / Fax _____

Printed Name of Chair / Department Head _____

Requestor: _____
 (Required) Signature of Chair / Dept Head Date _____

Printed Name of Dean/Administrator _____

Approved by: _____
 (Required) Signature of Dean/Administrator Date _____

Reviewed by: _____
 Signature of Superintendent of Building Maintenance Date _____

Approved by: _____
 Signature of Director of Physical Plant Date _____

Master Key(s) Only Authorized by Executive Director for University Facilities

Approved by: _____
 Executive Director, University Facilities Signature Date _____

Key Holder: I am the person who will be using this key(s) and am responsible for seeing that it is returned to the Physical Plant when my responsibilities no longer require this access or when my enrollment/employment is terminated, whichever is sooner. If I do not return this key(s), my signature authorizes the university to initiate an automatic payroll deduction for replacement, to place a hold on State financial transactions, or to place a hold on my graduation diploma and/or transcripts.

Key picked up by: _____
 (Signature - to be signed when key is picked up) (Date) _____

Issued by: _____

RETURN KEY TO PHYSICAL PLANT

Key returned by: _____
 (Signature of Person returning key) (Date) _____

Accepted by: _____
 (Signature of Physical Plant Employee) (Date) _____

READ & INITIAL THAT YOU ACKNOWLEDGE THE FOLLOWING
TO OBTAIN A KEY(S)

1. Each key(s) must be requested on a separate Key(s) Request Form.
2. Get Department head/Chair authorization and signature
3. Hand deliver or Mail

Initial: _____