



LOUISIANA TECH
UNIVERSITY®

New Request

Replacement Keys

Date: _____

Name: _____

CWID: _____

Department: _____

Position: _____

Account: _____

Email: _____

Phone: _____

Keys Requested To:

<u>Building Name</u>	<u># Keys Needed</u>	<u>Room/Door</u>	<u>Key/Core #</u>	<u>Expiration Date</u>

Do not write in this section!

My signature below certifies that I have read, fully understand, and agree to follow the University key policy.

I certify that I have obtained approval by the department head as indicated by their signature below.

Employee Signature: _____
Print Name

Sign Name

Department Head: _____
Print Name

Sign Name

For Building Master and Grand Master keys, a signature is needed from

Vice President of Finance & Administration: _____

Submit the completed form to the Physical Plant. Once the keys are complete, the employee will be contacted at the number/email listed above to pick up their keys. Before the keys are given to the employee, the employee will sign below indicating that they have received their requested keys.

DO NOT COMPLETE THIS PORTION UNTIL KEYS ARE RECEIVED

I certify that I have received the keys that I requested above. I understand that I am personally responsible for these keys and agree to follow the University key policy. In the event these keys are lost I understand that I must immediately report this to the Physical Plant. Furthermore, I understand that I will be required to pay an appropriate fee for replacement locks and keys. I also understand that the keys must be turned in upon termination of my employment with the University. If the keys are not turned in, I understand that the costs associated with replacement keys and locks will be deducted from my last paycheck.

Employee Signature: _____

Date: _____

RETURNED KEYS

Received By
 Whom: _____

Signature of
 Employee: _____

Date: _____