Physical Plant				
Employee Key R	equest Form			
revised 09/25/2017				
New Request	Re	eplacement Keys		
Date:		Empl	oyee Name:	
CWID:		Department Name:		
Position:		Departmen	t Account #:	
Email:		Department Phone #:		
Keys Requested To: Building Name	# Keys Needed	Room/Door	Key/Core #	Expiration Date
Building Hume				
certify that I have obtaine			to follow the University Key is indicated by their signatur	
Employee:	Print N	lame	Sign Name	
Department Head:				
		lame	Sign Name	
Dean:				
	Print Name		Sign Name	
All Building Master or Gra	and Master key reque	sts require approval from t	he Associate VP for Admin	nistration & Facilities.
Associate VP for Admin	istration & Facilities:			
number/email listed abov produce identification and	e to pick up the keys. d sign below indicating	Before the keys are given given that they have received the	plete, the employee will be o to the employee, the emplo ne requested keys. otification of availability.	
	DO NOT COMPLE	TE THIS PORTION UNTIL	L KEYS ARE RECEIVED	
and I agree to follow the Furthermore, I understand understand that all keys in If all keys issued to me a	University Key Policy ad that I will be require must be turned in to the re not returned to the	4106. I agree to immediate ed to pay any required fees ne Physical Plant upon term	d that I am personally respo ely report any lost keys to th associated with the lost key nination of my employment ad that the costs associated ck.	he Physical Plant. (s). I also with the University.
Employee:			Date:	

## RETURNED KEYS

Received	
by:	

Employee Signature: