

FACILITIES DEPARTMENT KEY/FOB AUTHORIZATION FORM

Check Below To Indicate If You Are Requesting A Key, A Fob, or Both

KEY

FOB

(Please TYPE The Left Side Only And Return To The Facilities Office, Attention Key Control)

(Please sign in BLUE ink)

Left Side Of Form Is For Requester And Approver Only

Right Side Of Form Is For Facilities Use Only

Section 1 Key Requester To Complete

| | |
|--|--|
| Date | <input style="width: 80%;" type="text"/> |
| Name (Print) | <input style="width: 80%;" type="text"/> |
| Name (Sign) | <input style="width: 80%;" type="text"/> |
| Key Requester Department | <input style="width: 80%;" type="text"/> |
| Key Requester Title <i>(i.e. part-time faculty, full -time faculty, grad asst., etc.)</i> | <input style="width: 80%;" type="text"/> |
| Building Keys Are For | <input style="width: 80%;" type="text"/> |
| Room Nos. Keys Are For | <input style="width: 80%;" type="text"/> |
| Type Of Room Keys Are For <i>(i.e. office, lab, classroom, etc.)</i> | <input style="width: 80%;" type="text"/> |
| Time Period <i>(Period Of Time Key Requester Will Be In Possession Of Keys)</i> | <input style="width: 80%;" type="text"/> |
| Fall Year | <input style="width: 80%;" type="text"/> |
| Spring Year | <input style="width: 80%;" type="text"/> |
| Summer Year | <input style="width: 80%;" type="text"/> |
| Duration Of Employment | <input style="width: 80%;" type="text"/> |

Section 2 Authorizing Person To Complete

| | |
|--|--|
| Direct Supervisor (Print) | <input style="width: 80%;" type="text"/> |
| Direct Supervisor (Sign) | <input style="width: 80%;" type="text"/> |
| Direct Supervisor Title | <input style="width: 80%;" type="text"/> |
| Date | <input style="width: 80%;" type="text"/> |
| Dean or VP (Print) | <input style="width: 80%;" type="text"/> |
| Dean or VP (Sign) | <input style="width: 80%;" type="text"/> |
| Date | <input style="width: 80%;" type="text"/> |
| <i>Outside Area 2nd Sign Off (If Needed)</i> | |
| Name (Print) | <input style="width: 80%;" type="text"/> |
| Name (Sign) | <input style="width: 80%;" type="text"/> |
| Title | <input style="width: 80%;" type="text"/> |
| Date | <input style="width: 80%;" type="text"/> |

Section 3 Facilities Department To Complete

| | |
|--------------------------------|--|
| Key Numbers Being Issued | <input style="width: 60%;" type="text"/> |
| Date Key Request Form Received | <input style="width: 60%;" type="text"/> |
| Date Key Order Completed | <input style="width: 60%;" type="text"/> |
| Date Keys Issued | <input style="width: 60%;" type="text"/> |

Section 4 Acknowledgement (Sign For Receipt Of Keys At Time Of Pick-Up)

| | |
|--------------|--|
| Name (Print) | <input style="width: 60%;" type="text"/> |
| Name (Sign) | <input style="width: 60%;" type="text"/> |
| Date | <input style="width: 60%;" type="text"/> |

Section 5 Return Keys (Complete) - Please Complete Section 1 Also

| | |
|-----------------------|--|
| Received By | <input style="width: 60%;" type="text"/> |
| Date Received | <input style="width: 60%;" type="text"/> |
| Fob Deactivation Date | <input style="width: 60%;" type="text"/> |

Section 6 Lost Keys (Person Who Lost Keys Completes Sections 1 and 2)

| | |
|---------------------------------|--|
| Date Lost | <input style="width: 60%;" type="text"/> |
| Key Numbers Lost | <input style="width: 60%;" type="text"/> |
| Organization Code (Per Key/Fob) | <input style="width: 60%;" type="text"/> |

Procedure, Org Code will be charged
for replacement keys/cores)

Attach Copy of JCU PD Lost Key Report To This Form

**Please Note That There Is A \$75.00 Charge Per Each Lost Key/\$100.00 Per Each Core Change