

# FACILITIES DEPARTMENT KEY AUTHORIZATION

*(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: 100%;" type="text"/>
Name (Print)	<input style="width: 100%;" type="text"/>
Name (Sign)	<input style="width: 100%;" type="text"/>
Key Requester Department	<input style="width: 100%;" type="text"/>
Key Requester Title	<input style="width: 100%;" type="text"/>
<i>(i.e. part-time faculty, full -time faculty, grad asst., etc.)</i>	
Building Keys Are For	<input style="width: 100%;" type="text"/>
Room Nos. Keys Are For	<input style="width: 100%;" type="text"/>
Type Of Room Keys Are For	<input style="width: 100%;" type="text"/>
<i>(i.e. office, lab, classroom, etc.)</i>	
Time Period	<input style="width: 100%;" type="text"/>
<i>(Period Of Time Key Requester Will Be In Possession Of Keys)</i>	
Fall      Year	<input style="width: 100%;" type="text"/>
Spring    Year	<input style="width: 100%;" type="text"/>
Summer    Year	<input style="width: 100%;" type="text"/>
Duration Of Employment	<input style="width: 100%;" type="text"/>

### Section 3 Facilities Department To Complete

Key Numbers Being Issued	<input style="width: 100%;" type="text"/>
Date Key Request Form Received	<input style="width: 100%;" type="text"/>
Date Key Order Completed	<input style="width: 100%;" type="text"/>
Date Keys Issued	<input style="width: 100%;" type="text"/>

### Section 2 Authorizing Person To Complete

Direct Supervisor (Print)	<input style="width: 100%;" type="text"/>
Direct Supervisor (Sign)	<input style="width: 100%;" type="text"/>
Direct Supervisor Title	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>
Dean or VP (Print)	<input style="width: 100%;" type="text"/>
Dean or VP (Sign)	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>
<i>Outside Area 2nd Sign Off (If Needed)</i>	
Name (Print)	<input style="width: 100%;" type="text"/>
Name (Sign)	<input style="width: 100%;" type="text"/>
Title	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>

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

Name (Print)	<input style="width: 100%;" type="text"/>
Name (Sign)	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>

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

Received By	<input style="width: 100%;" type="text"/>
Date Received	<input style="width: 100%;" type="text"/>
Fob Deactivation Date	<input style="width: 100%;" type="text"/>

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

Date Lost	<input style="width: 100%;" type="text"/>
Key Numbers Lost	<input style="width: 100%;" type="text"/>
Organization Code (Per Key/Fob)	<input style="width: 100%;" 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**

**\*\*All keys are **NON-TRANSFERABLE**, and are the sole responsibility of the person to whom they are issued. Keys are not to be lent or given to anyone.**

If keys are lent or given to another person, and that person loses them, all charges remain the responsibility of the original signer.