

REQUEST FOR KEY

| LAST NAME | FI | FIRST NAME | | | A# | |
|--|--|--|---|---|--|---|
| | | TINOTIVINE | | | | |
| | | | | | | |
| DEPARTMENT/AREA | PI | HONE # / EXT | ENSION | | POSITION | |
| | | | | | | |
| Location | Re | Room Number(s) | | | Key Number(s) | |
| | | | (-) | | , | |
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| | | | | | | |
| Alarm – Building (Dental or Welding) | | | Alarm Code | 2 Assigned | | |
| Alarm - Building (Bental of Welding) | | | Alaim Ooak | Assigned | | |
| | | | | | | |
| | F | Procedure for | Requesting | Keys | | |
| The person desiring a signatures. If the form correction. Requests must be app and signatures by faculty mand and signatures. If the form correction. Requests must be app and signatures. If the form corrections are signed to be returned of the corrections. Loaning and/or transferance and signatures are forth therein. The employee shall be of original keys, included \$55.00 for each key and signatures. | or is not complete or is not complete or is not complete or is approved by the exist for Key" for issuance of District of West of West of the complete or is not lock cylinder or is n | end correctly, keep correctly, keep correctly, keep correctly their Divings shall be substrict keys. Yest Kern Complement to Mager required to Mager any fees assent/duplication for combination, have | mediate super sion Chair an bmitted to the munity Collect by the individual by the individual be obtained aintenance & sociated with for failure to read the above read the above side. | e issued and a district of the Vice I district. I district of the District of | d the form will be rea Vice President of Instruction Maintenance & Other they must be returned they are issued to they are included they are issued to the instance they are issued to the instance to the instance to the instance they are issued to the instance they are issued to the instance they are instance. | returned for t. ction. perations for final rned to by the date intenance & accement/duplication for this service is adhere to the |
| | | | | | | |
| MANAGER/DIVISION CHAIR NAME | | SIGNATUR | E | | APPROVED | DISAPPROVED |
| | | | | | | |
| AREA VICE PRESIDENT NAME | | SIGNATUR | E | | APPROVED | DISAPPROVED |
| | | | | | | |
| DATE KEY ISSUED: | MAO SICNAT | TIDE | | 1 | | |
| DATE RET 1990ED: | M&O SIGNAT | UKE | | | | |
| DATE KEY DETUDIES | Mag globia | UDE | | | | |
| DATE KEY RETURNED: | M&O SIGNAT | UKE | | | | |

PROCESSING OF REQUEST FOR KEY FORM

- 1. M&O provides a fully executed copy to HR.
- 2. HR places the fully executed copy in the employee's personnel file.
- 3. Upon employee exit or need for a change of keys, HR collects the keys and returns the keys listed below:

| Key Number(s) | Initial | Date |
|---------------|---------|------|
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4. Keys received by M&O:

| Key Number(s) | Initial | Date |
|---------------|---------|------|
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5. Copies to be retained in M&O log and HR personnel file.