

UNION COLLEGE

EMPLOYEE KEY REQUEST FORM

All completed key requests must be submitted by the appropriate department head or supervisor, before any key request will be processed. Please allow five (5) days to process this request.

ALL AREAS OF THIS FORM ARE REQUIRED, including initialing when keys are issued and returned.

ID No. _____

Employee Name: _____
(Last) (First) (Middle Initial)

Title: _____ Department: _____

Building: _____ Office Number: _____

Phone Ext. _____ Email: _____@unionky.edu

<u>Building</u>	<u>Door/Office #</u>	<u># of Keys</u>	<u>Key Code</u> <small>(If known or identifiable)</small>	<u>Key Issued</u> <small>(Date/Initials)</small>	<u>Key Returned</u> <small>(Date/Initials)</small>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number of Keys Requested: _____

Request Submitted by:

 Department Head / Supervisor _____
 Date Submitted

Approved by:

For Faculty: VPAA: Academic Dean _____
For Staff: Senior Staff Date Submitted

Return Key(s) to Campus Safety

Employees are responsible for returning their keys when requested or upon separating from the college. A fee (up to the full cost of rekeying the affected locks) will be assessed for keys that are lost or not returned.

cc: Lynn Smith