



Facilities Department Key & Other Access Device REQUEST FORM

DEPARTMENT _____ DATE _____

LAST NAME (Print) _____ STAFF FACULTY STUDENT TA / RA

FIRST NAME (Print) _____ OTHER _____

EMPL/STUD # _____ SUPERVISOR NAME (Print) _____

PHONE # _____ SUPERVISOR (Phone#) _____

EMAIL (Print) _____ TERM END DATE _____

AUTHORIZING AUTHORITY APPROVAL SIGNATURE _____

AUTHORIZING AUTHORITY APPROVAL (Print Name) _____

BUILDING / ROOM NUMBER

OFFICE USE ONLY	
Key Issued	Issue Date

DEPOSIT SUBMITTED

Cash Cheque Account Codes _____ (Fund/Org/Acct)

1st Key \$35, additional keys \$10 ea – refundable when keys are returned

Fees for replacement key(s) \$30 ea and for rekeying are unique to each area and are non refundable

Total \$ _____ To Finance Deposit Account Code: 10100 / 5530 / 5586

Budget Holder Approval Signature _____

Budget Holder Approval (Print Name) _____

DIRECTOR OF FACILITIES MANAGEMENT or DESIGNATE _____

SIGNATURE FOR RECEIPT OF KEY _____

KEYS ARE THE RESPONSIBILITY OF THEIR OWNER AND MUST BE RETURNED TO FACILITIES WHEN CHANGING POSITIONS, INCLUDING ALL LEAVES, TERMS AND NEW POSITIONS.