

*** Fill out request form and forward to your Department head for approval and signature. (No Electronic Signatures) ***

*** Requests that do not include all required information or Department Head Signature WILL NOT BE PROCESSED ***

*** Name of Person Assigned Key(s):** _____
(Last) (First) (Middle Initial)

*** Employee ID#:** _____ *** College E-Mail:** _____

*** Phone Ext.:** _____ *** Department:** _____

*** Position:** Administration Faculty Staff Other (Explain): _____
 (Check One Box)

*** Reason for Request:** New Key Issue Additional Key Issue (Ex. For GA use, etc.)
 (Check One Box) Lost/Stolen Key Replacement Other (Explain): _____

BUILDING(S)	KEY #	SPACE / DOOR #

*** Person Assigned / Responsible for Key(s):** _____
Print Sign Date

*** All key request must be signed by the Department Head prior to being sent to Facilities Management for processing.**

Department Head Authorization: _____
Print Sign Date

*** Master Key(s) needs Vice President's Approval. Please send to Vice President's office before it sent to Facilities Management for processing.**

Vice President's Authorization: _____
Print Sign Date

By my signature below, I agree to all the following terms:

1. Recipient acknowledges and assumes all responsibility for said key(s).
2. I understand it is my responsibility to notify my supervisor, Facilities Management, or Public Safety of any loss or theft of key(s).
3. The issued key remains the property of Springfield College.
4. Keys are inventoried by Name and Identification Number and are not to be transferred or issued to another individual.
5. Recipient will be charged for lost or stolen key replacements and lock changes, if necessary.
6. In the event of department transfer or employment termination, keys are to be returned to the Office of Human Resources, Office of Facilities Management or the Public Safety station so the key assignment records may be updated.
7. Requester and approvers should retain copies of completed key request form for their records.
8. **Key request forms are valid for pick up for 30 days after Facilities Management email notification date:** _____

Key(s) Received: _____
Print Sign Date