## University of Louisiana at Monroe <u>Key Request Form</u>

	☐ New Request ☐		Requesting Replacement Keys	
Date:	Name:			
CWID:				
Location:				
Keys Requested To: <u>Building Name</u>	Room	Key#	<b>Expiration Date</b>	
Employee Signature:  Dept. Head Signature:				
Dept. ficad digitatore.	Print Name	Sign Name		
Submit the completed request form to the physical plant. Once the keys are completed the employee will be contacted at the phone number listed above to pick up their keys. Before the keys are given to the employee, the employee will sign below indicating that they have received their requested keys.				
I certify that I have received the key responsible for these keys and agreunderstand that I must immediately be required to pay an appropriate fekeys. I also understand that the key	TE THIS PORTION UNTIL KEYS  That I requested above. I understate to follow the university key policy. The report this to the physical plant. Further for replacement keys, or if deemed you must be turned in upon termination of in I understand that the cost associated in I understand the I u	and that I am pe In the event th rthermore, I und d necessary re on of my employ	ersonally nese keys are lost I derstand that I will placement locks & yment with the	
Employee Signature:		Date:		

## **University of Louisiana at Monroe**

## **Key Request Form Instructions**

- 1. Please check on top of the form if the request is a new request for keys or a request to replace lost or damaged keys.
- 2. Date enter the date that the request is submitted to the physical plant
- 3. **Name** print or type the full name of the employee requesting keys
- 4. **CWID** enter the campus wide ID number of the employee
- 5. **Department** enter the employee's department or division
- 6. Location enter the building and room number of the employee's office
- 7. Account Index enter the Banner account index code of department requesting keys
- 8. **Phone** enter a phone number where the employee can be reached
- 9. **Keys Requested To** enter the full building name, room number, and key number (if known) for each key requested. If electronic access is being requested enter the date authorization is to expire. If necessary you can attach additional paper for multiple keys.
- 10. **Employee Signature** employee must sign to acknowledge their request and that they have read, fully understand, and agree to follow the university key policy.
- 11. **Department Head Signature** the department head must sign the key request form to indicate that this employee is approved to use the keys requested.

**NOTE:** Once all of these blocks have been completed please submit the request to the physical plant. Keep a copy of the request for your records. **Do not complete the bottom portion of the form until you receive your keys from the physical plant.** 

Upon receipt of the employee's keys from the physical plant the following steps should be completed:

- 1. Read and review the certification statement on the form.
- 2. **Signature** the certification must be signed before the employee takes possession of the keys.
- 3. **Date** the date the keys were received should be noted next to the employee's signature.

Any questions concerning the key request form should be directed to the physical plant, 342-5170.