Employee ID#	(Print) Las	t name	First name Bad	ge#
Department/Ac count to charge (require for lock changes)			Phone E xt.	
KEY REQUEST				
Permane	nt		Temporary - From:to_	
Number Requested Room No.			Date Complete Area Description / Badge Access	Date
Example 1 West Building Example 2 Room 114			Access to West Building After Hours / Access to Financial Office Director of Business Services's office door	
Reason:				
employment. I also underst	and that I have tely be reported	a fiduciary resp	rersity and must be returned upon transfer or terminal ponsibility to the University to safeguard keys issuemental supervisor and the Director of Facilities. Director of Facilities	
Signature - Individual Requ	esting	Date	Director of Facilities	Date
Approved - Department Supervisor		Date	Vice President for Administration & Finance (approval required for restricted or master level access of Administration and Finance areas)	Date
Provost (approval required		Date		
or master level access for employees who report to the President)			Provost (approval required for restricted or master level access to academic areas)	Date
LOCK CHANGE RE Draw sketch on reverse if Area: Reason:	there are multi		e area or more room is required.	
☐ Department will be bille☐ Department will not be b		nrges		
			President	Date
Signature - Departmental S	upervisor	Date	Vice President for Administration & Finance	Date
Director of Facilities		Date	Provost (required for academic areas)	– Date