

Athens State University

FACILITIES MANAGEMENT

KEY REQUEST FORM

DATE: _____

KEY(S) TO BE ISSUED TO:

<i>Faculty / Staff Name</i>	<i>Position</i>	<i>Phone Number</i>

KEY(S) REQUESTED:

Building	<input style="width: 90%;" type="text"/>	Room #	<input style="width: 90%;" type="text"/>
Building	<input style="width: 90%;" type="text"/>	Room #	<input style="width: 90%;" type="text"/>
Building	<input style="width: 90%;" type="text"/>	Room #	<input style="width: 90%;" type="text"/>
Building	<input style="width: 90%;" type="text"/>	Room #	<input style="width: 90%;" type="text"/>
Building	<input style="width: 90%;" type="text"/>	Room #	<input style="width: 90%;" type="text"/>

Office Use Only

Key # _____

Key # _____

Key # _____

Key # _____

Key # _____

JUSTIFICATION:

- | | |
|-----------------|----------|
| New Employee | Lost Key |
| Office Move | Other |
| Position Change | |

DESCRIBE KEY NEEDS:

KEY REQUEST APPROVAL:

All key requests must be approved by the department head. Facilities Management will issue the appropriate key(s) to meet needs as identified above. Facilities Management reserves the right to reject any key requests that are unnecessary. Please refer to the key policy for further information.

<i>Department Head</i>	<i>Signature of Approval</i>	<i>Date</i>
<i>Facilities Management Authorization, if required</i> _____		

Facilities Management will notify the recipient when keys are ready.

UPON RECEIPT OF KEY(S):

I have read and understand the key policy.

<i>Signature</i>	<i>Date</i>
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Office Use Only

Notified By: _____

Date: _____

Notified By: _____

Date: _____