



**Facilities Management**

**KEY REQUEST**

7/15/2009

\_\_\_\_\_ (Request Date)

**Key Holder:** \_\_\_\_\_ (Please Print Name) \_\_\_\_\_ (Sign when key received) \_\_\_\_\_ (Date key Received)

**Position:** \_\_\_\_\_ **Status if not FT:** \_\_\_\_\_  
 (Faculty / Staff / Student Worker / External Agency / Vendor) (Adjunct / Intermittent / Seasonal)

**ID: Tech #** \_\_\_\_\_ **or SEM4 #** \_\_\_\_\_

**Institution:** \_\_\_\_\_ **Department** \_\_\_\_\_  
 (Please specify: RCTC, WSU, External Agency, Vendor)

**Office Location:** \_\_\_\_\_ **Room #** \_\_\_\_\_  
 (UCR-Main; SC-Sports Center; HC-Heintz Center) **Office Phone #:** \_\_\_\_\_

Key Information			Facilities Use Only		
Building Code Initials	Room # / Area / Key Access Description	Qty	Key #	Keymark	Key Code

**\*\*\*PLEASE READ\*\*\***

The Key Requester or Key Holder agrees NOT to duplicate nor permit duplication of the keys and will not give, loan or transfer keys to any other person. The Key Requester / Key Holder is required to pick up and turn in keys to the Business Office upon termination of employment. Key Requester's who sign for and pick up keys for the Key Holder becomes responsible for the return of the keys they sign for.

**Key Requester:** \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Sign if picking up for key Holder) **Date:** \_\_\_\_\_

**Dept Head / Dean:** \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) **Date:** \_\_\_\_\_  
 or **Supervisor**

**Facilities Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Required ONLY for Grand Master level or higher)

*Return completed signed form to the Business Office – SS150-158 or Mailroom Box # 9*

For Facilities use only:			
Date Issued	Completed by:	BEST Record	Key Stamp

