LAST NAME: FIRST NAME: SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE KEY REQUEST FORM

EMPLOYEE I.D. PERSONNEL CLASS: OFFICE USE ONLY

FAC _____ STAFF _____ STUDENT _____

CHARGE TO: AIS ACCOUNT NAME WORK ORDER

NUMBER _____

INVENTORY RESPONSIBILITY: ACCOUNT NAME

NUMBER _____

☐ ISSUE NEW KEY ☐ TRANSFER FROM: CHANGE IN SPACE FUNCTION?

BLDG _____ ROOM _____ YES _____ NO _____

DATE:

VCA APPROVAL (BLDG & CAMPUS MASTERS) APPROVING AUTHORITY DATE

My signature verifies that I have read and understand the rights and responsibilities of key usage as stated in the SIUE Key & Lock Policy.

APPROVAL:

CODE:

_____

SIGNATURE OF PERSON RECEIVING KEY

NO:

RETURN DATE: _____ KEY CONTROL _____

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DIRECTIONS (TYPING PREFERRED) DO NOT MARK IN SHADED AREAS

1. TYPE OR PRINT NAME, SOCIAL SECURITY NUMBER AND PERSONNEL CLASSIFICATION.
2. TYPE OR PRINT ACCOUNT NAME AND NUMBER FOR BILLING AS WELL AS PERMANENT ACCOUNT NUMBER FOR DEPARTMENT KEY INVENTORY.
3. CHECK BOX FOR "NEW KEY" OR "TRANSFER". IF TRANSFER INCLUDE NAME OF PERSON KEY IS BEING TRANSFERRED FROM AND SIGNATURE OF PERSON RECEIVING TRANSFERRED KEY. ALSO INCLUDE BUILDING AND ROOM NUMBER. SIGNATURE OF PERSON RECEIVING NEW KEY WILL BE DONE AT TIME OF KEY PICKUP AT BURSAR OFFICE.
4. CHECK YES OR NO FOR CHANGE IN SPACE FUNCTION.
5. SECURE NECESSARY APPROVING SIGNATURES.

I WILL NOT DUPLICATE, LOAN, OR USE THIS KEY OTHER THAN TO ACCESS AREAS TO WHICH I AM ASSIGNED BY SIUE. I WILL REPORT LOST OR STOLEN KEYS IMMEDIATELY TO KEY CONTROL, UNIVERSITY POLICE AND TO MY DEPARTMENT HEAD. ALL KEYS REMAIN PROPERTY OF SIUE AND WILL BE RETURNED AT THE END OF MY APPOINTMENT.