HOWARD COLLEGE/SWCID

KEY REQUEST

Please print

DATE:	
EMPLOYEE:	
TITLE/DEPARTMENT:	
SITE:	COLLEGE PHONE #

KEY CODE: BUILDING NAME & ROOM # QTY: E=Exterior I=Interior

Request approved by supervisor:_____Date:_____

Request approved by Cabinet Member:_____ Date:_____

Keys received by Employee:_____Date:_____

*I acknowledge receipt of the keys designated above. I also agree not to loan, transfer, give possession of, misuse, modify or alter the above keys. I further agree not to cause, allow or contribute to the making of any unauthorized copies of the above keys. I understand and agree that violation of this agreement may tender me responsible for the expense of a relock for the affected areas. Lost or missing keys will be replaced and charged to the individual at a cost of **$40.00** per key.*

HR OFFICE USE ONLY:

REQUEST SENT TO FACILITIES: REC'D KEYS IN HR: NOTIFED EMP:

KEYS RETURNED : HR REP: