



Key/s will be assigned to:

PLEASE PRINT

Name _____

Position _____

Department _____

Email _____

Phone _____

KEY NUMBER	ROOM NUMBER/AREA	ISSUED: NEW/ADD'L/LOST	RETURN DATE	STAFF INITIALS

Any key that is not returned or paid for by named requestor, will be charged to the budget code listed below.

Approval : _____
 Chair/Dean/Dept Staff Supervisor Signature Print Name

Budget Code: _____ Phone # _____ Date _____

To Be Completed by Webb Center Staff

Master Key Request: Approved _____ Disapproved _____

Assistant VP for Administration & Finance _____
 (If Master Key is Requested)

Reason for Disapproval: _____

Key Certificate

I understand I have been issued the key/s listed above on a temporary basis for use in the performance of my job, duties or position and I am personally responsible and accountable for the security and safekeeping of such key/s. I further understand I will not loan others or duplicate the key/s issued to me under any circumstances. I will return all keys to the Webb Center Building Services Manager, located in Room 1219 upon my transfer or termination. I understand there will be a charge for each key lost or otherwise not returned to the Manager.

Please Complete Upon Receipt of Key/s: _____
 Sign UIN# Date