

KEY REQUEST FORM

PHONE: 734-487-2494

FUND: _____ ORG: _____ PROGRAM: _____

EID#: _____

KEY HOLDER: _____
LAST FIRST

EMAIL: _____ DEPT: _____ PHONE: _____

☐

STUDENT

☐

FACULTY/STAFF

☐

PART TIME/TEMP

FOR KEY OFFICE USE ONLY

KEY TYPE	ROOM#	BUILDING/AREA DESCRIPTION	QTY	PREFIX	SERIAL #

KEY TYPES:

OK=OPERATING: Operates a specific office, suite or storage. Authorized by Dir/Dean/Department Chair or higher hierarchy.

SMK= SUB-MASTER: Operates all locks within a particular area, suite, or department. Authorized by Dir/Dean/DChair

FL = File Cabinet, Desk, Cabinet Authorized by Dir/Department head or higher hierarchy.

AUTHORIZING AUTHORITY NAME: _____ TITLE: _____
PLEASE PRINT

AUTHORIZING AUTHORITY SIGNATURE: _____
PLEASE INDICATE:

☐ Key(s) picked up by Key Coordinator, send pick up notice to _____@emich.edu

☐ Key(s) picked up by Key Holder. Pick -up notice is sent to the Key Holders email address. (Please verify key holders email above.)

THERE WILL BE A CHARGE OF \$25.00 PER KEY TO THE IDENTIFIED DEPARTMENT LISTED ABOVE FOR KEYS NOT PICKED UP WITHIN 30 DAYS OF NOTIFICATION.

PLEASE SIGN BELOW WHEN PICKING UP KEY:

By signing this form you are agreeing to the responsibilities associated with possession of a key(s) and to comply with Eastern Michigan University key policy and procedures. (www.physicalplant.edu) These responsibilities include reimbursing the University \$25.00 per assigned key(s) that are lost or not returned to the University upon termination of employment/end of term or class attendance.

KEY COORDINATOR SIGNATURE: _____ DATE: _____

KEY HOLDER SIGNATURE: _____ DATE: _____

FOR KEY OFFICE USE ONLY: DATE RECVD: _____ W.O.# _____

NOTIFICATION DATE: _____ ☐ ENTERED INTO TMA _____