

**ST. LAWRENCE UNIVERSITY
FACULTY/STAFF KEY REQUEST FORM**

REQUESTED BY: _____ CAMPUS PHONE: _____

KEY ISSUED TO (IF DIFFERENT FROM REQUESTOR): _____

POSITION: FACULTY ____ STAFF ____ DATE KEY NEEDED: _____

NAME OF BUILDING: _____ DEPARTMENT: _____

DOOR NUMBER: _____

AUTHORIZATION, DEPARTMENT CHAIR/DEAN/DIRECTOR:

(SIGNATURE)

DATE APPROVED: _____

I ACCEPT THE ABOVE KEY WITH THE FOLLOWING UNDERSTANDING:

- THIS KEY IS THE PROPERTY OF ST. LAWRENCE UNIVERSITY AND IS ON LOAN TO ME.
- IN THE EVENT THAT THIS KEY IS LOST OR STOLEN, I WILL IMMEDIATELY NOTIFY THE FACILITIES OPERATIONS (FO) DEPARTMENT AT EXTENTION X5601. SHOULD THE KEY BE LOST ON A WEEKEND OR AFTER REGULAR BUSINESS HOURS, THE SECURITY OFFICE WILL BE NOTIFIED AT EXTENTION X5555.
- UPON SEPARATION OF EMPLOYMENT AND/OR STUDENT STATUS, ALL KEYS MUST BE IMMEDIATELY RETURNED TO THE FO DEPARTMENT. THE EMPLOYEE MAY HAVE THEIR FINAL PAYCHECK WITHHELD IF THEY DO NOT RETURN THEIR KEY(S) PRIOR TO LEAVING THE UNIVERSITY.
- DUPLICATION OF A KEY, OR THE POSSESSION OF AN UNAUTHORIZED KEY, IS PROHIBITED.

SIGNATURE: _____

DATE: _____

<i>FOR FACILITIES OPERATIONS OFFICE USE ONLY:</i>	<i>REASON FOR ISSUANCE:</i>
<i>KEY NUMBER:</i> _____	____ <i>NEW EMPLOYEE</i>
<i>DATE ISSUED:</i> _____	____ <i>LOST KEY REPLACEMENT</i>
<i>DATE RETURNED:</i> _____	____ <i>WORN/BROKEN</i>