

Facility Access and Keys/Cards/Fobs Replacement

The Director of Facilities Maintenance designates personnel who are authorized to have access to central files for keys/cards/fobs (hereafter referred to as keys). If a member of your staff requires access to a specific location, need a replacement key, or need to change facility access for an employee, please fill out the form below. Send the completed and signed form to the Maintenance Department. If a key is broken, please send the portion of the key along with the form to avoid being charged.

KEY REQUISITION:			
Name	Position	Location	
Phone	Date to Implement		
☐ Key Replacement ☐ Key Issu	ed for facility and/or room(s)		
FACILITY ACCESS:			
Add employee access	☐ Delete employee access	Change employee access	
Personal code for coded doors	Hours of acc	ess	
Supervisor's Signature (Required for Facility Access)		Date	
Print Name			
	FOR MAINTENANCE U	JSE ONLY	
Tech Notes			
User #	Security Access Level 1 2	2 3 4 (circle one)	
Reason			
Tech signature & completion date	Facilities Dire	Facilities Director signature & date	
Employee signature for key receipt & d	ate		