

## CITY COLLEGE KEY REQUEST FORM

Photo I.D. is required to pick up all keys *(if requesting more than 5 keys, please use additional form)*

Adjunct Faculty   
  NANCE Classified   
  Contract Classified   
  Contract Faculty

Name: \_\_\_\_\_  
LAST NAME FIRST NAME

SSN (Last 4 Digits): \_\_\_\_\_ Dept. Position: \_\_\_\_\_ Campus Phone: \_\_\_\_\_  
REQUIRED BY COLLEGE POLICE

Bldg./Room #	For Office Use Only			
<i>1 Room Per Line</i>	Key #	Sequence #	Hook#	Alarm Code

**Request ALARM CODE ONLY**

Allow **TEN (10) WORKING DAYS** prior to picking up keys from College Police in room V100.

I, the undersigned, acknowledge that the keys Indicated on this form are assigned to me. I agree not to loan, transfer, give possession, misuse, modify or alter the issued keys. I further agree not to cause, allow or contribute to the making of any unauthorized copies of Issued keys.

It is understood that the keys are to be returned to the College Police office in room V100 on request, at the end of the current semester, upon resignation, retirement or termination, or when the need to have the key{s} no longer exists (i.e. change of assignment on campus). Keys are NOT to be passed on to anyone else. I understand that my final pay warrant will **NOT** be Issued until all keys are returned.

**All signatures required before processing**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VP Administrative Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Keys**

Date Issued: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Issued by: \_\_\_\_\_ Received by: \_\_\_\_\_

**Alarm Code**

Needed for: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Deleted: \_\_\_\_\_

Issued by: \_\_\_\_\_ Received by: \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

Authorization Sort: \_\_\_\_\_