



CALIFORNIA STATE UNIVERSITY, STANISLAUS

Public Safety / University Police Services

(209) 667 - 3114 (209) 667 - 3104



EMPLOYEE KEY REQUEST

*DATE: _____

* REQUIRED FIELDS

*Last Name: _____

*First Name: _____

*Classification: _____

*Department: _____

*Department Phone: _____

SECTION 'A' OR 'B' MUST BE PROPERLY FILLED OUT IN ORDER TO PROCESS REQUEST/REPORT

<p>A) REQUEST</p> <p>New Key(s)</p> <p>Replace Damaged Key</p> <p>Lock Change for Building _____*, Room _____</p> <p>Transferred From _____</p>	<p>B) REPORT</p> <p>Lost / Stolen Key(s), Replace*</p> <p>Lost / Stolen Key(s), Do Not Replace*</p> <p>Briefly explain where and when the keys were lost or stolen:</p> <p>* ACCOUNT CODE REQUIRED</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Account</td> <td style="text-align: center;">Fund</td> <td style="text-align: center;">Dept</td> </tr> </table>	Account	Fund	Dept
Account	Fund	Dept		

DEPARTMENT APPROVAL

Signatures are required for all key requests. For lost or stolen keys, your signature below acknowledges that the access of your department is compromised.

Chair / Supervisor: _____
Type Name

Signature: _____

Dean / Manager: _____
Type Name

Signature: _____

Required for Grand Master
Vice President's Signature: _____

Presidents's Signature: _____

KEY NUMBER	BUILDING	ROOM NUMBER	CODE (Locksmith Only)

*Completed requests are forwarded by Public Safety to Facilities Services for a work order.
Once the keys have been made, Public Safety will notify you when they are ready to be picked up.*

Public Safety Use Only:	Approved _____	Denied _____	Director of Public Safety _____	Locksmith Completed Date: _____
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