Safe Combination Coordinator Appointment

Form 3102.02-C

|  |  |
| --- | --- |
| Safe Brand: |  |
| Model/Serial #: |  |
| Department Name: |  |
| Location of Safe (Building & Room #): |  |

Appointment and Responsibilities of a Safe Combination Coordinator

* The appointment of the Safe Combination Coordinator is approved by the respective Senior Director or Dean. Only a duly appointed Safe Combination Coordinator shall have authority to request to have a safe combination changed.
* The Safe Combination Coordinator is authorized to request a safe combination change when conditions warrant a change. A change in a combination code (key) is to be made whenever there is a change in the existing list of personnel having access to a safe, due to a change in employment, new assignment, vacation, sick leave or other reason.
* The Safe Combination Coordinator communicates the code only to an authorized code recipient. A code recipient is generally a Cash Change Fund or a Petty Cash Custodian.

|  |  |  |
| --- | --- | --- |
| **Certification of Safe Combination Coordinator:**  *I agree to accept custodianship of the safe combination.* | |  |
| Combination Coordinator’s Printed Name: | Combination Coordinator’s Signature: | Date: |
|  |  |  |
|  | |  |
| **Approved:** | |  |
| Senior Director/Dean’s Printed Name: | Senior Director/Dean’s Signature: | Date: |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Office Use Only:** | |  |
| Copy of Form forwarded to University Controller? Yes | |  |
| **Safe Combination provided to Safe Combination Coordinator by:** | |  |
| Locksmith’s Printed Name: | Locksmith’s Signature: | Date: |
|  |  |  |

Version 1.0

SF/Forms/10-7-16