



Safety & Security Services – Room C128

Occupational Health & Safety ext. 5357 ~ Security Services Office ext. 5010 Emergency ext. 5000

Key Request Form (S1)

Employee Name: _____
Last Name First Name Middle Name

Employment Status: Full Time Part Time **Employee No:** _____

Employee Department: _____ **Campus:** _____

I request the following key (s) to be issued:

Key (s) Opening:

Room	Building	Campus

Employee Signature Date

Reason for issuing key: _____

Supervisor Signature Position Date

Approved by Department Head _____	Date _____
Approved by Manager Security _____	Date _____

Please forward completed form to the Protection Services office, room C128
