



Key & ID Card Access Request Form

DATE:

EMPLOYEE INFORMATION:

Last Name, First Name				Position				Phone #				Email			
Department				Building				APID / ZPID				Proxy Code ¹ (for ID access)			

KEY(S) REQUESTED:

Keys Returned

Office Use Only

Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>
Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>
Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>
Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>

Key # _____	ID # _____
Key # _____	ID # _____
Key # _____	ID # _____
Key # _____	ID # _____

ID CARD ACCESS REQUESTED:

Access Removed

JUSTIFICATION:

Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>
Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>
Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>
Building	<input type="text"/>	Room #	<input type="text"/>	<input type="checkbox"/>

New Employee Lost Key
 Office Move Leaving CED
 Other

EMPLOYEE ACKNOWLEDGMENT:

I have read and understand the key and ID card access policies.

Employee Signature (eSignature is acceptable) Date

REQUEST APPROVAL:

All key & ID card access requests must be approved by a Unit Authorized Approver. CED Facilities Manager will issue the appropriate key(s) and ID card access to meet needs as identified above. CED Facilities Manager reserves the right to reject any key and ID card access requests that are unnecessary.

Unit Authorized Approver Signature of Approval (eSignature is acceptable) Date

CED Facilities Authorized Approver Signature of Approval (eSignature is acceptable) Date

¹ 6-digit number on the back of the ID card following the *