

## Glen Oaks Community College Key Request Form

Date:	
Name (please print):	
Department:	
Phone #:	

**Keys ISSUED:**

Building	Room #	Key Code/Key #
		/
		/
		/
		/
		/
		/

My signature below certifies that I have read, fully understand, and agree to follow Glen Oaks Community College's key policy. I certify that I have obtained approval by the department head as indicated by their signature below.

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

Employee Printed Name: \_\_\_\_\_

Department Head: \_\_\_\_\_  
Signature Please Print Name

**Key Policy:** Submit the complete request form to the Human Resources Department. Once the keys are completed the employee will be contacted at the phone number listed above to pick up their key(s). Before the keys are given to the employee, the employee will sign below indicating that they have received their requested key(s).

**DO NOT COMPLETE THIS PORTION UNTIL KEYS ARE RECEIVED**

I certify that I have received the key(s) that I requested above. I understand that I am personally responsible for these keys and agree to follow the college key policy. In the event these keys are lost I understand that I must immediately report this to the Human Resources Department. Furthermore, I understand that I will be required to pay an appropriate fee for replacement key(s), or if deemed necessary replacement lock(s) & key(s). I also understand that the keys must be turned in upon termination of my employment with the college. If the keys are not turned in I understand that the cost associated with replacement key(s) and lock(s) will be deducted from my last paycheck.

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

Please Print Name: \_\_\_\_\_