

COLUMBUS STATE

COMMUNITY COLLEGE

FACILITIES MANAGEMENT

Key Request

Date: _____

ISSUE KEY TO:

Employee Name: _____ Cougar ID: _____
Department: _____ Job Title: _____
Campus Phone: _____ Home Phone: _____ Cell Phone: _____

PLEASE CHECK ALL THAT APPLY:

Full-time employee Part-time employee Faculty Staff

Other (please explain): _____

REASON FOR REQUEST:

New employee
 Replace lost / stolen key (CSCC police report is required for replacement)
Was police report filed? Yes No Police Report# _____

Defective: Key Lock

Lock change _____

Other (please explain): _____

LOCATION(S) KEY(S) ARE REQUESTED:

Campus	Building	Room #	Door/Room Key #	File Cabinet #	Desk/Key #

APPROVAL:

Chairperson / Supervisor's printed name

Chairperson / Supervisor's signature

Date

RECEIPT OF KEY:

Employee's printed name

Employee's signature for receipt of key

Date

Forward completed form through Interoffice mail to:
Facilities Management 407 N Grant or e-mail to facilitiesmgt@csc.edu