

**Physical Plant**  
**Employee Key Request Form**  
 revised 03/20/14



LOUISIANA TECH  
 UNIVERSITY®

**New Request**

**Replacement Keys**

Date: \_\_\_\_\_

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

CWID: \_\_\_\_\_

Department Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department Account #: \_\_\_\_\_

Email: \_\_\_\_\_

Department Phone #: \_\_\_\_\_

Keys Requested To:

<u>Building Name</u>	<u># Keys Needed</u>	<u>Room/Door</u>	<u>Key/Core #</u>	<u>Expiration Date</u>

My signature below certifies that I have read, fully understand and agree to follow the University Key Policy 4106. I also certify that I have obtained approval by my department head as indicated by their signature below.

Employee: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

Dean/Dept. Head: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

All Building Master or Grand Master key requests, require approval from the **Assistant VP for Administration & Facilities**.

**Assistant VP for Administration & Facilities:** \_\_\_\_\_

Submit the completed form to the Physical Plant. Once the keys are complete, the employee will be contacted at the number/email listed above to pick up the keys. Before the keys are given to the employee, the employee will be required to produce identification and sign below indicating that they have received the requested keys.

**Note: Keys will only be held at the Physical Plant for 30 days after notification of availability.**

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

I certify that I have received the keys that I requested above. I understand that I am personally responsible for these keys, and I agree to follow the University Key Policy 4106. I agree to immediately report any lost keys to the Physical Plant. Furthermore, I understand that I will be required to pay any required fees associated with with the lost key(s). I also understand that all keys must be turned in to the Physical Plant upon termination of my employment with the University. If all keys issued to me are not returned to the Physical Plant, I understand that the costs associated with replacement keys and associated lock changes will be deducted from my last paycheck.

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURNED KEYS**

Received By  
 Whom: \_\_\_\_\_

Signature of  
 employee: \_\_\_\_\_

Date: \_\_\_\_\_