

Facilities Department
KEY REQUEST FORM

1. Please submit the original form to Facilities Department. **Incomplete forms including improper authorization will not be processed.**
2. Once the request is approved, applicant will be contacted when the key(s) is / are ready for pick up. Key(s) must be picked up within 14 days after notification.
3. Please refer to the Facilities webpage for information regarding lock and key policies.

EMPLOYEE INFORMATION							
Name:				Employee No.:			
Department:				Position:			
Office Tel.:				Langara Email:			
Employee Status:		<input type="checkbox"/> Permanent		<input type="checkbox"/> Temporary		<input type="checkbox"/> Contract	
Classification:		<input type="checkbox"/> Administrator		<input type="checkbox"/> Staff		<input type="checkbox"/> Faculty <input type="checkbox"/> Contractor	
REQUEST TYPE							
<input type="checkbox"/> New hire		<input type="checkbox"/> Replacement for lost / stolen key(s)			<input type="checkbox"/> Moved from room _____		
<input type="checkbox"/> Door rekeyed		<input type="checkbox"/> Cliq key			Old office key(s) _____		
<input type="checkbox"/> To be signed in / out from keytracer while working on campus					Returned on _____		
<input type="checkbox"/> Other reasons _____							
BUILDING ACCESS							
		For Facilities Use Only				For Facilities Use Only	
Building	Room #	Key Code	Hook #	Building	Room #	Key Code	Hook #
CONDITIONS OF ISSUE & SIGNATURE							
In accepting the above key(s), I acknowledge that:							
1. All keys are the property of Langara College and must be surrendered on demand.							
2. All keys are entrusted to me for my exclusive use – I will not duplicate it, loan it, exchange it, or otherwise allow its use or possession by any other person.							
3. I will exercise all due care in the custody and control of these keys.							
4. I will immediately report the loss and stolen of any keys to Facilities Department.							
5. I will return any / all keys issued to me on demand or on termination of employment or my association with Langara College.							
Employee's Signature: _____						Date: _____	

AUTHORIZATION

All key requests **MUST** be approved by Manager / Department Head / Division Chair / Dean. Facilities Department reserves the right to decline any requests due to safety and security reasons.

Department Approval: _____ Name: _____ Date: _____

Facilities Approval: _____ Name: _____ Date: _____

February 2020