

## Key Request

**Please read the following instructions before you complete and sign this form.**

1. Keys are issued and/or duplicated **only** by ACC Campus Police. A record of each key issuance will be kept by Campus Police.
2. Keys are issued only to **salaried** ACC employees. Keys will not be issued to hourly employees or students.
3. Keys may not be transferred from one employee to another.
4. **Unauthorized duplication of ACC keys or the loan of a key or card to unauthorized persons may be grounds for disciplinary action or termination of employment.**
5. **All** key requests require approvals as noted in the chart below:

Access Level	Required Authorization
<b>Level 1</b> – Individual Room (e.g. office, classroom, lab)	Supervisor <b>and</b> Campus Manager
<b>Level 2</b> – Sub-Master (for department or defined area)	Level 1 <b>plus</b> Dean or Department Chair or Director
<b>Level 3</b> - Building Master	Level 2 <b>plus</b> Executive Vice President, College Operations
<b>Level 4</b> – Campus Master or Grand Master	Level 2 <b>plus</b> Executive Vice President, College Operations

6. Lost keys must be reported **immediately** to the Campus Police office where an Incident Report will be completed. A copy of this Incident Report will be sent to the key holder's supervisor and the Campus Administrator.
7. **All** keys must be returned to the Campus Police office upon request, when no longer needed, or upon termination of employment whether voluntary or involuntary. Campus Police will have the authority to pursue legal recourse to recover keys upon the authorization of the Provost.
8. The keyholder's department will be responsible for the cost of rekeying all locks opened by the key if the key is lost.
9. Exceptions require approval from the Provost.

**I have read and agree to the above stipulations.** \_\_\_\_\_

Signature of Employee Requesting Key

Date

### Employee Information—Please Print

Name \_\_\_\_\_ SSN or Datatel ID \_\_\_\_\_ Job Title \_\_\_\_\_  
 Campus \_\_\_\_\_ Department \_\_\_\_\_ Office \_\_\_\_\_ ACC Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

### Supervisory Approval

Immediate Supervisor's Signature—Required for all Keys	Date _____	Print Name _____
Dean or Department Chair—Required for Sub-Master keys	Date _____	Print Name _____
Campus Manager—Required for all Keys	Date _____	Print Name _____
Executive Vice President, College Operations Required for Building Master keys	Date _____	Print Name _____
Executive Vice President, College Operations Required for Campus Master or Grand Master keys	Date _____	Print Name _____

**Submit form to the Police Office to receive key.**

Officer receiving request \_\_\_\_\_ Date \_\_\_\_\_

Building or Door Number	Key Code	Sequence #	Issued Date	Issuing Officer	Returned Date	Receiving Officer