University of Louisiana at Monroe

Key Request - Building Access Request Form

☐ **New Request** ☐ **Requesting Replacement Keys**

Date: _____ **Name:** _____

CWID: _____ **Department:** _____

Location: _____ **Account Index:** _____

Phone: _____

Building Name	ID Access: Y/N	Room	Key #

If additional space is needed, please attach additional sheets to this form.
All academic departments require Dean's approval.

Director/Dean/VP Signature: _____ _____

Print Name Sign Name

Submit the completed request form to mmurphy@ulm.edu or hemphill@ulm.edu at the physical plant. Once the keys are completed the employee will be contacted at the phone number listed above to pick up their keys. Before the keys are given to the employee, the employee will sign below indicating that they have received their requested keys.

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 agree to follow the university key policy. In the event these keys are lost I understand that I must immediately report this to the physical plant. Furthermore, I understand that I will be required to pay an appropriate fee for replacement keys, or if deemed necessary replacement locks & keys. I also understand that the keys must be turned in upon termination of my employment with the university. If the keys are not turned in, I understand that the cost associated with replacement keys and locks will be deducted from my last paycheck.

Employee Signature: _____ **Date:** _____