



Facilities Department Key & Other Access Device REQUEST FORM

Please Print All Fields

DATE: _____

LAST NAME: _____ FIRST NAME: _____

DEPARTMENT: _____ UNBC ID #: _____

EMAIL: _____ PHONE #: _____

SUPERVISOR NAME: _____

SUPERVISOR'S PHONE #: _____ TERM END DATE: _____

STAFF FACULTY STUDENT TA/RA OTHER _____

AUTHORIZING NAME (Print): _____

AUTHORIZING SIGNATURE: _____

BUILDING/ ROOM NUMBER	OFFICE USE ONLY		
	Key Issued	Date Issued	Deposit

OFFICE USE ONLY			
<input type="checkbox"/> Physical Key	<input type="checkbox"/> TS1000	<input type="checkbox"/> Encoded	<input type="checkbox"/> AFX User# _____ OCP# _____ <input type="checkbox"/> Pinned
DEPOSIT SUBMITTED			
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Account Codes: Fund _____ Org _____ Acct _____			
1 st key \$35, additional keys \$10 ea – refundable when keys are returned. Fees for key replacement (\$30 ea) and rekeying (fees vary in each area) are non-refundable.			
Total \$ _____		Finance - Deposit Account Codes are 10100/5530/5586	
Budget Holder Approval (Print Name): _____			
Budget Holder Approval Signature: _____			

DIRECTOR OF FACILITIES MANAGEMENT or DESIGNATE: _____

SIGNATURE FOR RECEIPT OF KEY: _____

KEYS ARE THE RESPONSIBILITY OF THEIR OWNER AND MUST BE RETURNED TO FACILITIES WHEN CHANGING POSITIONS, INCLUDING ALL LEAVES, TERMS AND NEW POSITIONS.