EDMONDS COLLEGE-KEY REQUEST FORM

(Please Read & Sign)

Keys will only be issued to full time employees. In the case of part time faculty/staff, the department supervisor/administrator will check out the key and be responsible for its return.

Employee Name Position/De		ept. Sup	pt. Supervisor/Administrator (Print)			Pnone #	
******	******	*******	*******	*****	*****		
Keys will be re	turned to the c	ollege upon tei	rmination of employm	nent or when	relocating to	a different	
building or departme	nt. If switching	office spaces p	lease do not "pass on	" keys withoເ	ut consulting v	with Security	
rst. This is to allow pr	oper document	ation of the ex	change. The undersig	ned agrees to	notify their s	supervisor and	
Campus Security (425	5)-640-1501 imn	nediately upon	the loss or theft of ke	eys. I underst	and that my	keys must be	
			ay of work. Superviso				
			cribed in the policy m				
	_						
Employee (Signati	ure) Date	:	Supervisor/Administi	rator (Signatı	ure) Date		
Master Keys (Requ	uire signature o	f Security Supe	rvisor) Date				
to the constant for a		1 - 2 VEC	NO				
Is this request for	a lost or broken	key?YES	NO				
Have you relocate	d from another	building?	YES NO				
BUILDING	ROOM #	KEY #	RECIPIENT	DATE KEY	DATE KEY	SSEP ADMIN	
		(if known)	SIGNATURE	RECEIVED	RETURNED	INITIAL	

Please send completed key requests to Security office, WWY 214. You will receive a call when the keys are available to pick up. This should not be longer than 5 business days unless the key has to be ordered and cut.