



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.