

KEY NUMBER
(see listing below)

ROOM NUMBER
(see listing below)

**CENTRAL STATE HOSPITAL
KEY REQUEST**

BUILDING _____ SOCIAL SECURITY # _____

DEPARTMENT _____

DATE _____ ORG NO. _____ PHONE NO. _____

KEY RECIPIENT (TYPE OR PRINT) _____ TITLE _____ PART-TIME/FULL TIME
(CIRCLE ONE)

DEPARTMENT HEAD (TYPE OR PRINT) _____ DEPARTMENT HEAD
SIGNATURE _____

ISSUED BY (KEY SHOP USE ONLY) _____

EXPLANATION FOR KEY AUTHORIZATION

NEW EMPLOYEE _____
TRANSFERRED FROM _____

REPLACEMENT _____

OTHER _____

KEY RECIPIENT STATEMENT OF RESPONSIBILITY

I understand that keys are the facility system property and are entrusted to me as part of my employment responsibility. I further understand that failure to handle keys in accordance with the key holder procedures, a copy of which I have been given, may subject me to disciplinary action and may require that I provide restitution for losses resulting from that failure.

I agree to return the key(s) at any time requested or upon termination of my employment. I further agree that I will not have key(s) duplicated at any off-campus site.

KEY RECIPIENT SIGNATURE _____ DATE _____

KEYS ISSUED & EMPLOYEE INITIALS

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____