CHADRON STATE COLLEGE REQUEST FOR KEY(s)

Signatures below indicate an understanding and agreement of the liability issues (including expenses) related to the issuance of CSC key(s); inappropriate use of keys may result in disciplinary or legal action. It is illegal to duplicate CSC keys. See Employee Handbook, page 6, for key policy. Please pick up keys within 14 days.

Printed Employee Name:		Title:	
Employee Phone Number:	Employee	Email:	
Keys Requested (list building, room nur	mber, and core number):		
Rationale for Keys Requested:			
Printed Name of Supervisor:			
Supervisor Signature (approving individual to have keys)			Date
Printed Name of Building Manager:			
Building Manager Signature (approving	individual to have keys)		Date
Vice President or Dean of Students R	deview:	Approved	Denied
Vice President or Dean of Students Signature: Date:			
After signature approval, for	m must be sent to Main	tenance via WebTMA attache	ed to a work order.
The following is to be complete. The employee signing below has received understands that keys are only for work.	ed by Maintenance (perform their job related duties	s at CSC. Employee
Keys Issued (Numbers):	Date Issued:	*Date Returned:	_
			_ _
		<u> </u>	_
Employee Name (Print):			_
Employee Signature:		Date:	
Maintenance Office Assistant providir	ng keys to employee:		
Name (Print):			
Signatura			
Signature.		Date:	
*All keys must be returned to Mainte CSC. Failure to return keys may resul	enance Office upon the co	Date: ompletion of employment or ear	rlier, if requested by