KEY HOLDER CARD

NAME:_____ DEPARTMENT:_____

POSITION TITLE:_____ OFFICE:_____ PHONE#_____

KEYS ARE THE PROPERTY OF THE HSC AND ARE FOR THE EXCLUSIVE USE OF THE PERSON TO WHOM THEY ARE ISSUED. THEY ARE NOT TO BE BORROWED, LOANED, RENTED OR SOLD. **DUPLICATION OF A KEY IS STRICTLY PROHIBITED. KEYS MUST BE RETURNED TO THE FACILITIES OPERATION DEPARTMENT AT THE ISSUING CAMPUS AT THE END OF THE KEY HOLDER'S EMPLOYMENT OR UPON CHANGE OF SPACE OR ROOM ASSIGNMENT. KEYS SHALL NOT BE PASSED ON FROM ONE EMPLOYEE TO THE NEXT.**

R#_____ SIGNATURE OF KEY HOLDER:_____

DATE of RETURN:_____ SEPARATION SIGNATURE:_____

REMARKS:_____

_____

Key Request # _____/_____/_____/_____/_____/_____/_____

DATE ISSUED	INITIALS	ROOM #	DESCRIPTION	KEY #	DATE RETURNED	INITIALS	NOTES