

## FACULTY/STAFF KEY AUTHORIZATION FORM

### Instructions to applicant:

1. Submit this completed form to your department head or chairperson for their **required** authorization
2. Send via campus mail to Facilities Services, Services Complex to be processed
3. Office hours are Monday through Friday 8:00 a.m. – 4:00 p.m. Phone: 716-673-3452
4. You must pick up your requested keys at your department office
5. Sign the required yellow file card and return to Facilities Services Department within 7-days

This section to be filled out by the applicant		Keys requested	
Faculty/Staff Name:	(Please print)	<b>Building</b>	
Email:		Door No	
		Key Number	
Department:		<b>Building</b>	
		Door No	
Campus Address:		Key Number	
		<b>Building</b>	
Campus Phone No.		Door No	
		Key Number	
<p><b>Attention</b></p> <p><b>Please note the following rules and initial in the space provided</b></p> <ol style="list-style-type: none"> <li>1. <i>I will not let other individuals, without building permission, in to a building when the outer doors are locked</i></li> <li>2. <i>I will NOT prop open any outside door when it is locked</i></li> <li>3. <i>I will NOT lend my keys to anyone</i></li> <li>4. <i>I will NOT let anyone into a room for which they do not have keys</i></li> <li>5. <i>In case of emergency, I will telephone University Police (x3333) first then my supervisor</i></li> </ol> <p>Employee Initials: _____</p> <p style="color: red; font-weight: bold; text-align: center;">I UNDERSTAND AND AGREE TO THE RULES LISTED ABOVE</p>		<b>Building</b>	
		Door No	
		Key Number	
		<b>Building</b>	
		Door No	
		Key Number	
		<b>Building</b>	
		Door No	
		Key Number	
		<b>Building</b>	
		Door No	
		Key Number	
		<b>Building</b>	
		Door No	
		Key Number	
		** Only one key per door per person **	
Faculty/Staff Agreement			
I WILL PROMPTLY RETURN KEYS, PERSONALLY, TO THE OFFICE OF FACILITIES SERVICES WHEN I EXPERIENCE A TRANSFER INTO ANOTHER DEPARTMENT OR AT THE END OF MY APPOINTMENT			
_____		_____	
Signature of Faculty/Staff		Date	
DEPARTMENT APPROVAL:			
_____		_____	
Department Chairperson, Dean, Director, Supervisor		Date	
FACILITIES SERVICES (ONLY)			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		_____	
		Authorization: Signature of Facilities Services Official	
		_____	
		Date	