

Facilities Department
KEY REQUEST FORM

1. Please submit the original form to Facilities Department. **Incomplete forms including improper authorization will not be processed.**
2. Once the request is approved and processed, applicant will be notified by email when and where to pick up key(s). Key(s) must be picked up **in person** within 14 days after notification.
3. Please refer to the Facilities webpage for information regarding locks and keys policies.

EMPLOYEE INFORMATION							
Name:				Employee No.:			
Department:				Position:			
Office Tel.:				Langara Email:			
Employee Status:		<input type="checkbox"/> Permanent		<input type="checkbox"/> Temporary		<input type="checkbox"/> Contract	
Classification:		<input type="checkbox"/> Administrator		<input type="checkbox"/> Staff		<input type="checkbox"/> Faculty <input type="checkbox"/> Contractor	
REQUEST TYPE							
<input type="checkbox"/> New hire		<input type="checkbox"/> Door rekeyed		<input type="checkbox"/> Office move – old room # _____			
<input type="checkbox"/> CLIQ key		<input type="checkbox"/> Replacement for lost / stolen key(s)		Key(s) to be returned _____			
<input type="checkbox"/> Other reasons _____				Key(s) returned on _____			
BUILDING ACCESS							
		For Facilities Use Only				For Facilities Use Only	
Building	Room #	Key Code	Hook #	Building	Room #	Key Code	Hook #
CONDITIONS OF ISSUE & SIGNATURE							
In accepting the above key(s), I acknowledge that:							
<ol style="list-style-type: none"> 1. All keys are the property of Langara College and must be surrendered on demand. 2. All keys are entrusted to me for my exclusive use – I will not duplicate it, loan it, exchange it, or otherwise allow its use or possession by any other person. 3. I will exercise all due care in the custody and control of these keys. 4. I will immediately report the loss and stolen of any keys to Facilities Department. 5. I will return any / all keys issued to me to Facilities Department on demand or on termination of employment or my association with Langara College. 							
Employee's Signature: _____						Date: _____	

AUTHORIZATION

All key requests **MUST** be approved by the Manager (or above) as appeared on Workday. Facilities Department reserves the right to decline any requests due to safety and security reasons.

Manager's Name: _____ Signature: _____ Date: _____

Facilities' Approval: _____ Signature: _____ Date: _____

September 2022