



Benedictine University

ACKNOWLEDGEMENT OF BENEDICTINE UNIVERSITY'S KEY REQUEST AND CONTROL POLICY / PROCEDURE

		Facilities Management	
		USE ONLY	
Name (Last, First, M.I.)		Today's Date	Key Number Date Issued
Status of Applicant: <input type="radio"/> Faculty <input type="radio"/> Staff		Type of Issuance: <input type="radio"/> Temporary <input type="radio"/> Permanent	
I.D. # (if student)	Ext. #	Date Due (Temporary Keys)	
Applicant's Building	Applicant's Dept.:	Applicant's Room #:	
Description of Key Needed (Key number, for building, room, dept.)			
Approval: * See below Typed or printed name and signature			
Signature of key holder: (Sign when picking up)		Date of key pick-up:	
Key Returned Signature of Facilities Management Locking System Coordinator		Date of key return:	

* Single Door or Area Key - Department Head/Chair

*Master Key - Facilities Director

Benedictine University maintains and enforces policies regarding Key Requests and Control.

I have received the *Policy / Procedure: Key Request and Control." I have thoroughly read this policy / procedure and have had the opportunity to ask questions regarding this policy / procedure. All of my questions have been answered to my satisfaction and I fully understand this policy / procedure.

I completely understand that all charges for lost keys and replacement or exchange of cores will be charged back to the department requiring the replacement.

- 1 Charge for replacement of keys will be \$10.00 per each affected key
- 2 Charge for core replacement will be \$40.00 per affected core.
- 3 Charge for replacement of sub-master or master keys will be based upon the total number of cores and keys needing replacement.

I understand that violations of this policy / procedure will be referred to the Provost (Academic Affairs) or the Facilities Director (all other areas) for disciplinary action.

I agree to abide by this policy and I understand that any violation of this policy / procedure may result in discipline up to and including the termination of my employment. My signature affixed below indicates my understanding of the "Key Request and Control Policy / Procedure" and my agreement to comply with this policy / procedure.

Employee (please print)

Facilities Management Representative (please print)

Employee (signature)

Facilities Management Representative (signature)

Date

Date

*Key Request Forms Can be Emailed to Facilities Management at **fmadmin@ben.edu** or dropped off at the Facilities Management Office located on the first floor of the Parking Garage