

VOLUNTEER STATE COMMUNITY COLLEGE

KEY REQUEST / PIN CODES / PAD LOCK / RETURN FORM

KEY REQUEST AND /OR RECEIPT: ROUTED THROUGH CAMPUS POLICE TO MAINT. KEY DIV.

DEPT _____

EMPLOYEE'S FULL NAME: PLEASE PRINT (Full / Part Time / Temporary)

POSITION _____ PHONE _____ DATE _____

Pin Code _____ Requires Information Technology Director's Signature for labs and attach your SSN and Class Schedule

Pin Code Expiration Date _____

Bldg & Room No. _____

Bldg & Room No. _____

Bldg & Room No. _____

Bldg & Room No. _____

Total No. _____

Department Head Auth. _____ DATE _____
(Department Head) (Information Technology)

Chief Campus Police _____ DATE _____

Disapproved and or Recommendations _____

Request Received By Campus Police: _____ DATE _____

Request Received By Maint. Keying Div.: _____ DATE _____

Key Received By Campus Police & Ready For Distribution: _____ DATE _____

As an employee of Volunteer State Community College, I agree to **return all keys issued to me upon termination of my employment.**

*KEY / KEYS RECEIVED BY: _____ DATE _____

*I have read the key control policy and agree to comply with all provisions. I also understand that any violations of any part of the key control policy will be subject to disciplinary action and may lead to termination. I further understand all keys assigned to me must be returned upon resignation/termination before receiving my final paycheck.

KEY / KEYS RETURNED BY: _____ DATE _____

NOTE: BROKEN KEYS MUST BE RETURNED TO CAMPUS POLICE. ALL LOST AND/OR STOLEN KEYS MUST BE REPORTED TO CAMPUS POLICE IMMEDIATELY. NO KEY SHOULD BE REPRODUCED OTHER THAN BY VSCC AUTHORIZED PERSONNEL.

REPLACEMENT: Lost/Broken/Stolen _____ DATE _____

COMMENTS: _____

NEW KEY REPLACED & RECEIVED BY: _____ DATE _____