Please submit the completed form to Parking and Photo ID Office at Box 359901.

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For this form to be accepted, the following steps must be followed in order. Bypassing any of the following steps may cause this request to be rejected and returned to the sender or the keys not to be issued.

**Step 1** The requestor will fill in “**SECTION – 1**” then forward the request to his/her authorized department Director or Manager for approval.

**Step 2** The department Director or Manager (someone with budgetary approval authority) will fill in “**SECTION – 2**” and forward the form to the Parking and Photo ID Office.

**Step 3** AuthorizedSecurity representatives will approve the request and forward it to the Locksmith or disapprove it and return it.

**Step 4** The Locksmith will make the keys and return them to the Parking and Photo ID Office to be issued.

**Step 5** The Parking and Photo ID Office will contact the requestor and inform them that keys are ready for pickup.

**Step 6** The requestor must come in person to pick up keys. The requestor must present HMC Photo ID and sign for keys.

**Other Important Information:**

* The requestor is responsible for the keys issued, and cannot share keys.
* Only the requestor will be able to pick up keys.
* Only one requestor per form; and only one key per person per door.
* If a key is lost or needs to be replaced, a Security statement form needs to be completed and turned in along with this Key Request Form.
* When terminating employment, you must turn in your HMC Photo ID and all keys to the Parking and Photo ID Office.
* The information below will be recorded for accountability of keys.

**Notice:** Upon receipt of properly completed forms,Badging will process key requests within 10 business days. Keys not picked up by the requestors will be returned to the Locksmith after 14 calendar days. If you have any questions, please call Parking Services at 744-3254 or Badging at 744-3386.

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| **SECTION – 1** | | | | | | | | | | | | | | | | | | |
| Requestor Name (Last, First MI) | | | Click here to enter text. | | | | | | | E-mail Address | | | Click here to enter text. | | | | | |
| Mail Box # | | Click here to enter text. | | | | | | Telephone # | | Click here to enter text. | | | | | Date | | Click here to enter a date. | |
| Key # | | | | | | Key for Room or Area | | | | | | | Room or Area is assigned to (Name & Phone) | | | | | |
| Click here to enter text. | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| Click here to enter text. | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| Click here to enter text. | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| **I confirm that the above information is correct and that the keys requested above are needed in order for me to accomplish my job duties. They will be used for *official use only*.**  **Requestor Signature:** | | | | | | | | | | | | | | | | | | |
| **SECTION – 2 Manager/Director Authorization**  **I approve the above keys to be produced and issued to the requestor for official use.** | | | | | | | | | | | | | | | | | | |
| Print Name:  Click here to enter text. | | | | Signature: | | | | | Budget #:  Click here to enter text. | | | Telephone #:  Click here to enter text. | | | | | | Date:  Click here to enter a date. | |
| **SECTION – 3** Authorization for Areas Belonging to Other Departments and for Master/Sub –Master Keys  **I, the Manager/Director of the area where access is being requested, approve /  do not approve access to my department’s area for the above requestor.** | | | | | | | | | | | | | | | | | | |
| Print Name:  Click here to enter text. | | | | Signature: | | | | | | Telephone #:  Click here to enter text. | | | | | Date:  Click here to enter a date. | | | |
| **SECTION – 4** Security Services Authorization  **I, the authorized Security Services representative listed below, approve /  do not approve this key request.** | | | | | | | | | | | | | | | | | | | |
| Print Name:  Click here to enter text. | | | | | Signature: | | | | | | Reason for Disapproval:  Click here to enter text. | | | | | Date:  Click here to enter a date. | | | |
| **SECTION – 5** Receipt of Keys  **I confirm that I have received the keys listed above. I am responsible for all the keys issued to me and will return them when terminating employment.** | | | | | | | | | | | | | | | | | | | |
| Print Name:  Click here to enter text. | | | | | | | Signature: | | | | | | | Date:  Click here to enter a date. | | | | | |