



West Los Angeles College

Date: \_\_\_\_\_

**KEY REQUEST FORM**

To be issued to (print or type name): \_\_\_\_\_  
Last First M.I.

Full Time  Part Time  Job Title: \_\_\_\_\_ Employee#: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best contact number: \_\_\_\_\_

Department: \_\_\_\_\_ Building/Office number: \_\_\_\_\_

- In order to process request promptly and be notified of its completion, please be sure to fill out this form completely.

		OFFICE USE ONLY	
Building	Room Number	Key	Copy Number

Authorized by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Department Chair (print name / sign) Division Dean or VP (print name / sign)

Approved: \_\_\_\_\_ Acknowledged: \_\_\_\_\_  
 VP Administrative Services (sign) Director of Facilities (sign)

Please allow up to six (6) days to process your request. You will be notified by e-mail when the keys are ready for pick up at the Plant Facilities Building A-15. Bring a current picture ID.

**Employee Agreement**

**\*TO BE SIGNED AT TIME OF KEY PICK-UP\***

I, the undersigned, acknowledge receipt of the keys designated above. I also agree not to loan, transfer, give possession of, misuse, modify or alter the above keys. I further agree not to cause, allow, or contribute to the making of any unauthorized copies of the above keys. **Lost keys are subject to a \$5 replacement charge for each key.** Whenever a key is no longer needed I will return it to Plant Facilities Office, Building A15, 6am-2:30pm Mondays thru Fridays.

**I understand and agree that violation of this agreement may render me responsible for the expenses of re-keying the affected areas.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_