



West Los Angeles College

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.

Building	Room	Key	Copy Number

Authorized by: _____ and _____
Department Chair (sign) Division Dean (sign)

Approved: _____ Acknowledged: _____
VP/Administrator in Charge (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

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: _____