

DCCC

KEY REQUEST FORM

Date of Request: _____

New Employee: _____ **Lost Key Replacement:** _____ **Other:** _____

Name of Employee (Print) _____

Campus: _____ **Department:** _____

Key Room Number/s

_____	_____
_____	_____
_____	_____
_____	_____

**Other Type Key Request
(Desk, Filing Cabinet, etc.)**

_____	_____
_____	_____
_____	_____

***If this request is to replace lost/missing key/s, has the Security Department been notified and an incident report prepared?** _____

Approved by: _____ **Date:** _____
Employee's Manager

Approved /Disapproved by: _____ **Date:** _____
(Circle)
Director of Plant Operations or Director of Safety and Security

Signature of Person Receiving Key/s: _____ **Date:** _____

Key/s are the sole property of DCCC and must be returned upon the termination of employee's employment with the college.