

PORTLAND COMMUNITY COLLEGE
FACILITIES MANAGEMENT SERVICES
KEY REQUEST
AND ASSIGNMENT

CAMPUS:_____ **DATE:**_____

KEY REQUEST

Name of person using the key(s)_____

Job Title _____ Division or Department_____

Employee ID _____ Phone Extension _____ Bldg. & Room _____
(Required) Employee "G" number

Key(s) need to fit...(Describe Building, Room Number, door location, desk, file cabinet and other information which will assist us in responding to your request)

*** Request must be signed by Supervisor:**

Print name clearly _____

Sign name _____

Supervisor phone number _____

KEY ASSIGNMENT

Key Assignment and date(s):

Key#_____ Date_____ Key#_____ Date_____

Key#_____ Date_____ Key#_____ Date_____

Key#_____ Date_____ Key#_____ Date_____

Key(s) received by _____ Date_____

NOTE: One person only per request. Send requests and return all keys to SY CSB 314.

*** Requests for keys other than for desks or files must be approved by your Administrative Supervisor and have ID number provided, before the request can be honored (see signature line above).**