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).