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).