

FACULTY/STAFF KEY REQUEST

Please submit this form
COMPLETED AND SIGNED to:

Office of Access Control Services
Facilities Maintenance Building

- Keys can only be picked up by the assignee.
- Keys are not to be transferred or loaned to another employee.
- Keys are to be returned to the Facilities main office when they are no longer needed.
- Lost keys must be reported to Campus Police immediately.
- Visit accesscontrol.pages.tcnj.edu for all policies in effect.

DFAS Office Use Only

Signature: _____

Date: _____ Photo ID Checked: _____

Assignee's Name

Please check all that apply: ___ Student Worker
___ Current Employee ___ New Employee ___ On-Campus Transfer
___ Lost Key(s) Replacement: *List Campus Police case number below.*

Date

Email

Campus Extension

Assignee's Title

PAWS/Employee ID Number

Department

Locations of requested keys:

Building _____	Room # _____
Building _____	Room # _____
Building _____	Room # _____
Building _____	Room # _____
Building _____	Room # _____

If unknown, do not mark
Key ID # _____
Key ID # _____
Key ID # _____
Key ID # _____
Key ID # _____

Description of Room/Area (office, lab, closet, etc.)

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Justification for requests for master keys, or multiple copies of the same key. Request must be approved by Dean or PLC member.

Obtain approval signatures: *Requests that do not include all of the required information or signatures will be returned.*

Chairperson/Director: _____
Printed Name

X _____
Signature

Dean/PLC Staff Member: _____
(Required for Master Keys) Printed Name

X _____
Signature

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Approved: _____ Date: _____
Vernon Kelley
Supervisor of Access Control

_____ Date: _____
Kathryn Leverton
Associate Vice President for Facilities & Administrative Services

Processed: _____ Date: _____

(Revised 1/24/17)