Please complete one form per employee:

Date: ________________________________

Immediate Supervisor Name (print): ________________________________

Department: ________________________________ Ext. ____________________

Employee Status (check one):

Full-time w/Benefits ___ Full-time Temp ___ Part-time ___ Temp ___

Employee Name: ________________________________ Campus/Dept _____________

New Issue ___ Replacement ___ Lock Change ___ Rekey ___ Repair ___

Please include precise building, room number):


Employee’s Signature: ________________________________ Date

Approved: ________________________________ Date

Immediate Supervisor

Approved: ________________________________ Date

Director of Human Resources

--------------------------------------------- Return of Key(s) ---------------------------------------------

The following key(s) has been returned to:

________________________________________
Signature Date

--------------------------------------------- Replacement of Key(s) ---------------------------------------------

The above key(s) have been lost or stolen. Replacement keys have been issued to the employee.

________________________________________
Signature Date

Coastal Bend College does not discriminate on the basis of race, creed, religion, color, national origin, gender, age, or disability.