Key Request Form

Please complete one form per employee: Date: __________________________

Employee Name: ____________________________ Campus/Dept. ________________________________

Immediate Supervisor Name (print):__________________________________________________________

Department: ____________________________ Phone:______________________________________________

Employee Status (check one):

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

New Issue ___ Replacement ___ Lock Change ___ Rekey ___ Repair ___ Check-out __________

Please include precise building, room number:

______________________________________________________________________________________

Employee’s Signature: ____________________________ Date: __________________________

Approved: _____________________________________________________________ Date: __________

Immediate Supervisor

Approved: _____________________________________________________________ Date: __________

Physical Plant Director
Return of Key(s)

Please include precise building, room number when returning keys:

____________________________

Employee’s Signature: _______________________________ Date: ______________

Approved: ______________________________________________________________________ Date: ______________

Immediate Supervisor

Approved: ______________________________________________________________________ Date: ______________

Physical Plant Director

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