



Key Request and Agreement

Date of Request _____ Employee ID (EIN - Required) _____

Employee Name (Print) _____ Ext. _____ Dept. _____
(Students are not allowed keys to any SRJC Facility) (Mail Box)

Title/Job Description _____ Email _____

Reason For Request New Hire____ Location/Duty change____
(for other reasons, please Contact FacOps office) Lock Change____ Lost Key____

Building Name (Where Keys Will Be Used) _____

Rm/Key # _____ Rm/Key # _____ Rm/Key # _____ Rm/Key # _____

Notes _____

Approved by _____
Dept Chair (Signature) (PRINT) Date

Supervising Administrator (PRINT) Date

Form Prepared By (Required)
 Requester as above
 Other (Print name) _____ Ext. _____

-----FACOPS USE ONLY-----

Your keys are ready to be picked up at the Facilities Operations Office. Office hours are Monday – Friday, 7:30am – 4:30pm. Closed for Lunch 12:30pm - 1:30pm.

VALID ID REQUIRED – SRJC ID NOT ACCEPTED

Key Req# _____ Keyholder# _____

Key Stamp# _____, _____, _____, _____

Date _____

- Duplication of keys is strictly prohibited per CA penal code sec.469
- Keys are not to be loaned or transferred for any reason
- Return keys to Facilities Operations, Human Resources or Campus Police ONLY
- Keys must be returned as soon as possible when area accessed is no longer required due to separation from the college or change in job duties
- Keys must be surrendered upon demand of authorized agent of the Sonoma County Junior College District

I acknowledge that I have read and understand this agreement and received the keys listed

Signature _____ Date _____