



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 \_\_\_\_\_