

Keyholder Name:	Email:	Date: MM/DD/YYYY
Department / Employer:	Position:	
Phone Number:	Permanent or Temporary (MM-DD-YYYY) from _____ to _____	

List keys needed, obtain proper signatures and submit by email to [OCISBuildingOps@ontariotechu.ca](mailto:OCISBuildingOps@ontariotechu.ca)

Access Requested For:		For Office Use Only					
Use one line for each key	Room #	Key #	Level	Hook	Issued MM/DD/YYYY	Returned MM/DD/YYYY	Facilities Management Initial
1							
2							
3							
4							
5							

Reason for Issue: \_\_\_\_\_

**CONDITIONS OF ISSUE TO KEY HOLDER**

1. All keys are the property of Ontario Tech University and must be surrendered on demand.
2. I will retain these keys for work use only.
3. I will not make duplicates of any keys or permit others to use any key for this purpose nor will I lend any keys to others for their use.
4. I will exercise all due care in the custody and control of these keys.
5. I will immediately report the loss of any key(s) to my Supervisor and to Facilities Management and agree to pay \$25.00 for EACH replacement key.
6. I will return any / all key(s) issued to me on demand or on termination of employment or my association with Ontario Tech University and realize that my last pay cheque may be withheld until all keys have been returned to the Facilities Management Office.

*The conditions above have been explained and are understood by me. By accepting these keys, I agree to abide by the conditions of issue.*

**SIGNATURES REQUIRED FOR ALL KEYS**

Supervisor's Signature:	Print Name:	Date: MM/DD/YYYY
-------------------------	-------------	---------------------

Director's Signature: (if applicable)	Print Name:	Date: MM/DD/YYYY
--	-------------	---------------------

**VICE PRESIDENT / DEAN'S SIGNATURES BELOW ONLY REQUIRED FOR ACCESS TO RESTRICTED AREAS / ACE AND CAMPUS MASTER KEYS:  
Note: Radiation Level 2 Restricted Areas - please attach "Authorization for Entry to Radiation Level 2 Restricted Area's" Form**

Vice President / Dean's Signature:	Print Name:	Date: MM/DD/YYYY
---------------------------------------	-------------	---------------------

**OFFICE OF CAMPUS INFRASTRUCTURE & SUSTAINABILTY APPROVAL**

Director, OCIS Signature:	Print Name: Ken Bright	Date: MM/DD/YYYY
---------------------------	------------------------	---------------------

I acknowledge receipt of the key(s) identified above.	The keys noted above have been issued to the key holder by:
Keyholder Signature	Issuer / Witness Signature
Date MM/DD/YYYY	Date MM/DD/YYYY

Once proper signatures are obtained, submit by email to [OCISBuildingOps@ontariotechu.ca](mailto:OCISBuildingOps@ontariotechu.ca)