

UNK Key Request Form

Personnel Information

Requestor:

NU ID:

Phone:

Department

Date Needed:

Email:

Building:

Area:

Type of Employment:

Admin

Staff

Faculty

Other

Grad. Assistant

Student Staff

Type of Key:

Key (Please provide explanation below)

Card Access

Key/Location Information:

Reason Needed:

Key Type Requested

Building/Room #

Building Master

Suite Master

Individual Room

Acknowledgement

Each employee must sign this form before keys are issued to them by Facilities Management.

I, the undersign, do hereby accept the responsibility of all university keys issued to me by the University of Nebraska at Kearney. I also understand and agree that upon termination from UNK my final paycheck will be held by Human Resources until all keys issued to me have been returned to the Facilities Service Desk. I also understand that duplication of any key(s) issued to me is in violation of Nebraska Revised Statute 2S-1316, Section C. If keys are lost or damaged, a fee will be charged for replacement per key.

For building supervisor listing, please refer to the listing on the UNK website under Building Supervisors

Building Supervisor signature is required to process this request!

Requestor

Date

Supervisor/Dept. Chair

Date

Dean/Director

Date

Building Supervisor

Date

Facilities Director

Date

PLEASE EMAIL THIS FORM AFTER SIGNATURES TO: LOCKSMITHS@UNK.EDU