LSC Operations
Employee Key Request Form

Date: _____

Key Holder Name: _____ _____
(Please Print) (First) (Last)

CSU ID #: _____

Department: _____

Position: _____

Key Holder Signature: _____
****Keyholder is responsible for the key, and for returning the key to supervisor or LSC Operations when no longer needed.**

Key Holder Phone #'s: Cell #: _____ Work #: _____

Department Supervisor Signature: _____
****(Supervisor is responsible for collecting keys when an employee leaves, and returning the keys to LSC Operations in 286, the issuing entity.)****

For Internal Use

Door access needed: _____

Location of Door: _____

LSC Card Reader Access: _____

LSC Keys: # _____ # _____ # _____ # _____ # _____

_____ # _____ # _____ # _____ # _____

Date Key was Returned: _____