

APPENDIX A

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OAKLAND UNIVERSITY — KEY REQUEST

KEY NUMBER		ROOM NUMBER
<input type="text"/>	BUILDING _____	<input type="text"/>
	DEPARTMENT _____	
DATE _____	ORG. NO. _____	PHONE NO. _____
KEY RECIPIENT (TYPE OR PRINT) _____	TITLE (CIRCLE ONE) PART-TIME / FULLTIME _____	
DEPARTMENT HEAD (TYPE OR PRINT) _____	DEPARTMENT HEAD (SIGNATURE) _____	
KEY RECIPIENT SIGNATURE NEEDED ON BACK		
ISSUED BY (KEY SHOP USE ONLY) _____		

EXPLANATION FOR KEY AUTHORIZATION

NEW EMPLOYEE _____

TRANSFERRED FROM _____

REPLACEMENT _____

OTHER _____

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**KEY RECIPIENT
STATEMENT OF RESPONSIBILITY**

I understand that keys are University property and are entrusted to me as part of my employment responsibility. I further understand that failure to handle keys in accordance with the key holder procedures, a copy of which I have been given, may subject me to discipline and may require that I provide restitution for losses resulting from that failure.

I agree to return this key at any time requested or upon termination of employment. I further agree that I will not have this key duplicated at any off-campus site.

KEY RECIPIENT SIGNATURE