

BSU FACILITIES OPERATIONS & MAINTENANCE (FO&M)

Ext: 6-1371

Mail Stop: 1270

Fax No: 6-1892

KEY TRANSFER FORM

DATE: _____

TO: Key Control Desk, FO&M

FROM: _____

DEPARTMENT: _____ EXT: _____

PLEASE TRANSFER THE FOLLOWING KEY(S) FROM:

(Name) (Department) (Extension)

TO:

(Name) (Department) (Extension)

(Position) (Employee/Std ID)

KEY NUMBER(S) TO BE TRANSFERRED:

Reason for the key transfer(s): _____ Leaving department _____ Duties changing

Other (explain) _____

Authorizing Signature: _____
(Department Head, Building Manager)

I, the undersigned, acknowledge receipt of the above key(s). I understand these keys are my responsibility and I will return these keys to the Facilities Operations and Maintenance Department upon my termination, transfer, or sabbatical leave. **DO NOT LOAN KEYS.**

New Key Holder: _____ Date: _____

OFFICE USE ONLY

TRANSACTION COMPLETED BY _____ DATE _____