

# KEYS

## POLICY

202

1. The Facilities Department is responsible for all keying systems.
2. Keys will be issued to employees on an as-needed basis.
3. One duplicate key to furniture, equipment, etc., must be sent to the Facilities Department for the master key files.
4. Requests for keys must be approved by the administrative supervisor.
5. **Door keys must be picked up and signed for by employee.**
6. **The following conditions of use apply to all keys issued within the district:**
  - a. **Keys are non-transferable. Loaning or re-issuing keys to another party is prohibited.**
  - b. **Duplication of keys is strictly prohibited.**
  - c. **The control of the key and the security of the facility governed by that lock is the responsibility of the employee.**
  - d. **Lost keys must be reported immediately, in writing, to the Director of Facilities.**
  - e. **Terminating employees must return their key(s) to the Facilities Department prior to leaving.**

## PROCEDURE

1. Forward a completed Key Request form to the Facilities Department. (Form is in the Forms Folder on the S Drive). Incomplete forms will be returned.
2. Employee will be informed when key is ready.
3. Employee must pick up and sign for keys.

**DATE APPROVED: March 1, 1995**

**DATE(S) REVISED: November 15, 1995  
May 10, 2002**

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### See Key Request Form Below:

1. **Please print on light blue paper.**
2. **Fill in all information.**
3. **Your Administrative Supervisor must sign the form.**
4. **Forward to Facilities.**
5. **Allow at least 24 hours for approval, and time for keys to be cut.**
6. **You will be notified when keys are ready for pick up.**

**NICOLET AREA TECHNICAL COLLEGE  
KEY REQUEST**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**DATE**

\_\_\_\_\_  
**EMPLOYEE NAME (First, Last, M. I.)**

\_\_\_\_\_  
**EMPLOYEE ID NUMBER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**DEPARTMENT**

\_\_\_\_\_  
**CITY                      STATE                      ZIP**

\_\_\_\_\_  
**POSITION TITLE**

**FULL-TIME**       **CFM**

\_\_\_\_\_  
**HOME PHONE #**

\_\_\_\_\_  
**WORK EXTENSION**

\_\_\_\_\_  
**ADMINISTRATIVE SUPERVISOR**  
*Signature Required*

**DOOR**

New  Lost

\_\_\_\_\_  
Building

\_\_\_\_\_  
Room Number

New  Lost

\_\_\_\_\_  
Building

\_\_\_\_\_  
Room Number

New  Lost

\_\_\_\_\_  
Building

\_\_\_\_\_  
Room Number

**EQUIPMENT**

New  Lost

\_\_\_\_\_  
Description

\_\_\_\_\_  
Inventory Number

New  Lost

\_\_\_\_\_  
Description

\_\_\_\_\_  
Inventory Number

**(DO NOT SIGN UNTIL KEYS ARE ISSUED)**

**\*I HAVE READ AND UNDERSTAND NICOLET'S KEY POLICY AND AGREE TO FOLLOW THIS POLICY.**

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Issued By

\_\_\_\_\_  
Date

\_\_\_\_\_  
VM    PS

\_\_\_\_\_  
VM    PS

\_\_\_\_\_  
VM    PS

\_\_\_\_\_  
RT CAB

\_\_\_\_\_  
CK INT