

Instructions

Please return the completed form to Facilities Management with the keys that are being returned.

- Do not return keys via campus mail
- Do not tape keys to form
- Do not list more than 1 (one) EMPL ID per form

Key Holder Information

Empl ID#: _____ Employee Name: _____
 Dept: _____ Dept Name: _____ Phone: _____

Key Holder Information

Return Date: _____

Reason for Return:

- No Longer Employed* No Longer Needed Other _____
*for employees terminating, please verify that all keys have been returned
- Key Reassignment:
 If key is being reassigned to a 'New Staff/New Faculty Member', please submit a Space Move Form and list their Start Date:

*NOTE: If a key is reassigned to a current Staff/Faculty Member and that Individual is moving to a new space, please submit a Space Move Form.

Empl ID#: _____ Employee Name: _____ Student Staff/Faculty Other

Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____
Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____
Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____
Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____
Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____
Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____
Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____
Key#: _____	Copy#: _____	Building: _____	Room#: _____	Notes: _____

Comments:

Returned By:

Name: _____ Dept: _____ Phone: _____

Signature _____ Date _____

Key Control Official Verification for Reassignments Only:

Name: _____ Dept: _____ Phone: _____

Signature _____ Date _____

Department is responsible for issued keys until this form is signed by a Facilities Management representative.

For Facilities Use Only:

Printed Name: _____

Signature _____ Date _____

Route this completed form to:
 Facilities Management
 Thorson Maintenance Center
 or
 Secure File Transfer:
<https://filetransfer.ndsu.edu/filedrop/ndsu.facilitiesmgmt@ndsu.edu>