

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

Only 1 employee may be listed on each form. If multiple employees are returning keys, each EMPL ID# must have it's own form.

Empl ID#: _____ Employee Name: _____

Dept #: _____ Dept Name: _____ Phone #: _____

Key Return Information

Return Date: _____

Reason for Return:

- No Longer Employed*
*for employees terminating, please verify that all keys have been returned

 Lock Changed

 Acting/Temp Position Ended

 Unclaimed Keys
- No Longer Needed

 Occupant Moved

 Other _____
- Key Reassignment: If key is being reassigned to a 'New Employee,' please list their Start Date: _____
 Empl ID#: _____ Employee Name: _____

 Student

 Staff/Faculty

 Other

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

File/Cabinet/Equipment Key Returns: List key numbers: _____

Returned By:

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:

Received by: _____

Signature _____ Date _____

FAMIS Updated (if space is vacant, update room in FAMIS as unassigned)

Department contacted to confirm space will be retained

Route this completed form to:
 Facilities Management- Thorson Maintenance Center
 or secure file transfer at
<https://filetransfer.ndsu.edu/filedrop/ndsu.facilitiesmgmt@ndsu.edu>