## **KEY REQUEST**

(Printed) Last Name	First Nan	ne	Middle Name
A: Note:	Students will b	e required to turn	in their keys at end of semester.
PHONE NUMBER TO CALL WH (EMPLOYEE MUST COME IN PERS			IR KEY CARD.)
CHECK ONE (This Part	Must Be Checke	ed)	
□ New employee – has	never had VU ke	ys.	
Returning employee - has had keys in the past but not active.			
<ul> <li>Has other keys alread</li> <li>If last name has cl</li> </ul>		v or name:	
TO KEY CONTROL DEPARTM	ENT		
Building(s):			
• Room #'s:			
Employee's Signature (Legible (By signing this form, you agree to		Position and understand the	Date additional notes below)
Employees' Dean/Supervisor (This form must be signed by the			Date n, a Supervisor must sign)

Once form is completed, forward to PHYSICAL PLANT:

- Scan and Email: <a href="mailto:pplant@vinu.edu">pplant@vinu.edu</a>
- FAX: 812-888-4815
- Regular Campus Mail PPLANT PP41

## **ADDITIONAL NOTES:**

- DO NOT give your key(s) to new employees, secretaries, supervisors, etc.
- When keys are no longer needed, keys must be RETURNED to Physical Plant.
- New employee must request new key(s).
- For new keys, please allow one or two business days. We will call the number on the form when they are ready for pickup.
- Reminder: The person requesting the key(s) must come in person to sign for the key(s).
- Hours for key pickup and return are Monday Friday 7am –4pm.
- All Keys will be returned to stock if not picked up within 30 days from date submitted.