FACILITIES MANAGEMENT REQUEST - Key and Electronic Door Access (EDA)

Request Date:	Requesting Department Name:		Stop #:	Request Type: Key: ____ EDA:____
Employee EMPL ID#:	Employee Email:		Phone:	Job Title:
Last Name:		First Name:		Middle Name:
Requesting Dept. Contact Person:		Phone:	Email:	

Reason for Access Request (Check one): New Employee: _____ Office Move:____ Position Change: _____ Other*: _____	*Other Reason:	EDA type: Key Fob: _____ U Card: _____	Existing Fob #:
			Clock # (if known):

BUILDING NAME	KEY# (Optional)	# ON EDA ACCESS DEVICE IF ISSUED BY DEPT.	KEYS: INDICATE ROOM NUMBER EDA: INDICATE ROOM, DOOR, OR PATRON GROUP	HOW MANY? Keys only-multiple keys require approval **if multiple keys complete justification below**

**MULTIPLE KEY REQUEST JUSTIFICATION

THIS FORM IS FOR FACILITIES MANAGEMENT REQUESTS ONLY! Forward this completed form to your adminstrator.

FACILITIES MANAGEMENT - Key & Electronic Door Access (EDA) instructions

1. Complete form (use definitions below for more specific information by field).
2. Route form as indicated below

Please note: Access requests are building specific. If an employee is requesting access to more than one building, additional forms will need to be completed for each building requested.

FACILITIES MANAGEMENT- Key & Electronic Door Access (EDA) definitions

Request Date: Date the request is completed

Requesting Department Name: Name of the department requesting the keys or EDA

Stop #: Department stop number

Request Type: Indicate the type of access being requested (check both if requesting both)

Employee EMPL ID#: EMPL ID of the employee in need of access

Employee Email: Email of the employee in need of access

Phone: Phone number of the employee in need of access

Job Title: Job title of the employee in need of access

Last Name: Last name of the employee in need of access

First Name: First name of the employee in need of access

Middle Name: Middle name or initial of the employee in need of access

Requesting Dept. Contact Person: Name of the person within the department to contact with questions about the request

Phone: Phone number of the Requesting Dept. Contact Person

Email: Email of the Requesting Dept. Contact Person

Reason for Access Request (check one): Indicate the reason for the request. If lost/stolen, do not complete this form. Complete the Lost or Stolen Key/EDA Notification & Replacement Request Form.

Other Reason: Use this field to explain why 'Other' was selected under 'Reason for Access Request'.

EDA type: Indicate the EDA type (key fob or U card)

Existing Fob #: Complete if employee has an existing fob number

Clock # (if known): If known, write in clock number of the employee in need of access. Employee will not have a clock number if they are new or have never received keys before.

BUILDING NAME: Building name the key or EDA device is being requested for

KEY# (Optional): Provide the key # if known

 # ON EDA ACCESS DEVICE IF ISSUED BY DEPT: If department issued the EDA previously, indicate the number on the key fob

KEYS: INDICATE ROOM NUMBER: Room number that the key being requested needs to open

EDA: INDICATE ROOM, DOOR, OR PATRON GROUP: Room number or door the EDA device needs to open or patron group of the individual the EDA is being requested for

HOW MANY (Keys only – multiple keys require approval): Indicate how many keys are being requested. If multiple keys are being requested complete justification below.

**MULTIPLE KEY REQUEST JUSTIFICATION: provide justification for multiple key request per Policy 5.3, Access to and Security of Campus Facilities

EXPLANATION: Explain why the employee needs outside door, lab or restricted area access, grand master, building master, or specialty keys.