

TYPE OR PRINT CLEARLY IN INK

Key Action Form
Arizona State University Polytechnic

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(1) Date _____

Keys Issued To:

(2) Last Name _____ First/M.I. _____ (3) ASU Affiliate No. _____

(4) Email _____ (5) Title _____ (6) Phone _____

(7) College/Department _____ (8) HR Code _____ (9) ☐ Full-time ☐ Part-time

(10) Reason for request _____

Keys Requested: (Shaded area for FAC MAN use only)

(a) Building Name	(b) Room #	(c) Building #	(d) Key Code	(e) Key #	(f) Receipt Signature & Date	(g) Return Signature & Date

(11) Responsibility Statement: ASU Polytechnic strives to provide a safe, secure environment. Your proper use and handling of assigned University keys can help to maintain this environment. To ensure you understand and accept your responsibilities as a University Keyholder, please read and sign below.

ASU Polytechnic Key Policy:

- The Keyholder is personally accountable for all University keys issued to them.
- ASU Polytechnic key(s) may not be transferred to another party or returned to the department. All keys must be returned immediately to ASU Polytechnic Facilities Management when they are no longer needed.
- ASU Polytechnic key(s) may not be reproduced (duplicated).
- ASU Polytechnic key(s) may not be loaned to another party.
- **Misuse of an ASU Polytechnic key is punishable under Arizona Revised Statutes §13-3715**, and is also subject to administrative disciplinary action by the University.
- Loss of, or failure to return an assigned key, may make the Keyholder subject to a replacement fee.
- ASU Polytechnic reserves the right to charge the Keyholder for any rekeying due to the loss of an assigned key.
- Lost or stolen keys must be reported to ASU Polytechnic Facilities Management Office within 24 hours of discovery of the loss or theft.
- Broken or bent keys must be returned to ASU Polytechnic Facilities Management Office for replacement.
- Keys are only issued to ASU employees or contractors. Contractors get access to campus keys via "Key Systems" in Poly FacMan and are solely responsible for system access costs.

I have read the above Responsibility Statement and agree to abide by it: _____

(12) Keyholder's Signature

(13) Date

Required Approval from Department/Unit responsible for Space Access Requested: _____

(14) Department/Unit

(15) Authorized Signer Printed Name

(16) Authorized Signer HR Code

(17) Authorizing Signature

(18) Date

WorkOrder #

When completed and signed either deliver/mail to Poly FacMan or fax to (480) 727-1114.

4/25/2012