

## Key Action Form Completion Instructions

| Field # | Field Name                     | Direction  |
|---------|--------------------------------|--|
| (1)     | Date Submitted                 | Use the mm/dd/yyyy format  |
| (2)     | Last Name/First/M.I.           | Name of individual receiving keys  |
| (3)     | ASU Affiliate ID               | The 10-digit ASU assigned number starting with a 1<br><u>Do not use the 9-digit number starting with a 9</u><br><u>This number is for benefits only.</u>               |
| (4)     | Email                          | The email address of the individual receiving key(s)   |
| (5)     | Title                          | The title of the individual receiving key(s)   |
| (6)     | Phone                          | The telephone number of the individual receiving key(s)  |
| (7)     | College/Department             | The college and department of the individual receiving key(s)  |
| (8)     | HR Code                        | The HR code for individual receiving keys  |
| (9)     | Full-time/Part-time            | Check appropriate employment status  |
| (10)    | Reason for request             | Describe need for keys   |
| (a)     | Building Name                  | List name of building or buildings   |
| (b)     | Room #                         | List all room numbers of areas requested   |
| (c)     | Building #                     | List all building numbers of areas requested   |
| (d)     | Key Code                       | Leave blank - <b>Do Not Complete</b>   |
| (e)     | Key #                          | Leave blank - <b>Do Not Complete</b>   |
| (f)     | Receipt Signature & Date       | Sign and date when receiving keys  |
| (g)     | Return Signature & Date        | Leave blank - <b>Do Not Complete</b>   |
| (11)    | Responsibility Statement       | Read and understand the Poly Key Policy  |
| (12)    | Keyholder's Signature          | Signature of the individual requesting key(s)  |
| (13)    | Date                           | The day the individual requests key(s)   |
| (14)    | Department/Unit                | The name of the department the individual is requesting building access  |
| (15)    | Authorized Signer Printed Name | The printed name of the authorized signer. The signer must be listed on the Key Authorization Form on file with Poly Fac Man as Authority to approve Key Action Forms. |
| (16)    | Authorized Signer HR Code      | The HR code of the authorized signer.  |
| (17)    | Authorizing Signature          | The signature of the authorized signer   |
| (18)    | Date                           | The day the authorized signer signs form   |

Key Request Forms will be delayed without a completed Key/SunCard Authorization Form on file with Poly FACMAN.