

FACULTY/STAFF KEY REQUEST

Please submit this form
COMPLETED AND SIGNED to:

Office of Access Control Services
Facilities Maintenance Building

- Keys can only be picked up by the assignee.
- Keys are not to be transferred or loaned to another employee.
- Keys are to be returned to the Facilities main office when they are no longer needed.
- Lost keys must be reported to Campus Police immediately.
- Visit accesscontrol.pages.tcnj.edu for all policies in effect.

DFAS Office Use Only

Signature: _____

Date: _____ Photo ID Checked: _____

NAME:

Please check all that apply: _____ Student Worker
____ Current Employee ____ New Employee ____ On-Campus Transfer
____ Lost Key(s) Replacement: *List Campus Police case number below.*

Assignee's Title _____

Department _____

_____ Date

_____ Email

_____ Campus Extension

_____ PAWS/Employee ID Number

Locations of requested keys:

| | |
|----------------|--------------|
| Building _____ | Room # _____ |
| Building _____ | Room # _____ |
| Building _____ | Room # _____ |
| Building _____ | Room # _____ |
| Building _____ | Room # _____ |

If unknown, do not mark

_____ Key ID #

_____ Key ID #

_____ Key ID #

_____ Key ID #

_____ Key ID #

_____ Description of Room/Area

_____ Description of Room/Area

_____ Description of Room/Area

_____ Description of Room/Area

_____ Description of Room/Area

Supply a justification for requests for master keys, or multiple copies of the same key, below. All requests require the signature of the department chair or director regardless of the level of key(s) requested.

Obtain approval signatures: Requests that do not include all of the required information or signatures will be returned.

Chairperson/Director: _____
Printed Name

X _____
Signature

Division Head
(Required for Building Masters) _____
Printed Name

X _____
Signature

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Approved: _____ Date: _____
Christopher Martin- Supervisor of Access Control

_____ Date: _____
Shawn Sarver - AVP for Facilities Management

Processed: _____ Date: _____

(Revised 04/10/23)