

Tompkins County  
"Facilities"  
170 Bostwick Road  
Ithaca, NY 14850  
FAX (607) 274-0358

REQUEST FOR KEY

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: KEY REQUEST FOR THE FOLLOWING DOOR/AREA:

\_\_\_\_\_

PLEASE ISSUE A KEY TO THE FOLLOWING PERSON:

NAME: \_\_\_\_\_

DEPARTMENT/AGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYMENT

STATUS: \_\_\_\_\_

NEW EMPLOYEE \_\_\_\_\_ OTHER \_\_\_\_\_ (If not listed below please describe)

\_\_\_\_\_

PERMANENT EMPLOYEE \_\_\_\_\_ TEMPORARY EMPLOYEE \_\_\_\_\_

RETURNING EMPLOYEE \_\_\_\_\_ STUDENT INTERN \_\_\_\_\_

WORK RELIEF \_\_\_\_\_

WEEKEND ACCESS \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_

DEPARTMENT/UNIT: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE OF REQUESTER: \_\_\_\_\_

**\*\*\* NOTE \*\*\* This form must be requested and signed by department  
or unit supervisor.**