

FACULTY OF HEALTH SCIENCES
New Key/Core Requisition/Key Transfer/Return Key Form

☐ FHS Chartfield # (Must be departmental, not research ledger)

PART A - TO BE COMPLETED BY THE DEPARTMENT MANAGER/DELEGATE.
PLEASE SCAN AND EMAIL TO fhs corps@mcmaster.ca

Please check one:

☐ **Key Requisition** - Complete sections I, II, V

☐ **Key Transfer** - Complete sections I, III, V

☐ **Key Return** - Complete sections I, IV, V

Section I

Department:	<input type="text"/>	Date:	<input type="text"/>
Employee Name:	<input type="text"/>	Ext.:	<input type="text"/>
Employee ID:	<input type="text"/>	Email for pick up:	<input type="text"/>

Section II

Note: If ordering more than one key, please provide Name/ID of all key-holders on separate sheet. Students must have Supervisor's Name/ID listed as requestor in Section 1, as well. Email address **must** have a McMaster domain (eg. @mcmaster.ca)

of Keys:

Reason for Key?

☐ New Employee ☐ Lost Key ☐ Broken Key ☐ New Core Required

☐ Other (specify)

Department:	<input type="text"/>	Level/Floor:	<input type="text"/>
Room #:	<input type="text"/>	Door Frame Tag (optional)	<input type="text"/>

Section III

Name of employee transferring key: I.D. #:

Section IV

Key Identification # Letter/Series:

Section V

Department Manager/Authorized Delegate Signature	Email Address:	<input type="text"/>
Printed Name: <input type="text"/>	Extension:	<input type="text"/>

PART B - TO BE COMPLETED BY SECURITY

Date Received by Security Badge #:	<input type="text"/>	Signature & Badge #:	<input type="text"/>
Security Approval:	<input type="text"/>	Date:	<input type="text"/>

PART C - TO BE COMPLETED BY EMPLOYEE RECEIVING KEY

Employee's Signature	Date
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