

**McMaster Health Campus
New Key/Core Requisition/Key Transfer/Return Key Form**

PART A - TO BE COMPLETED BY THE DEPARTMENT MANAGER/DELEGATE. PLEASE PRINT. RETURN TO BUILDING MANAGEMENT

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:
Employee Name:
Employee ID:

Date:
Ext:
Email Address:

Account #:

Section II

Note: If ordering more than one key please provide Name/ID of all key holders on a separate sheet.

of Keys:

- New Employee Lost Key Broken Key New Core

Other

Department:
Room #:

Floor:

Section III

Name of Employee transferring key: I.D. #

Section IV

Key Identification # letter/Series:

Section V

Department Manager/Authorized Delegate Signature Printed name: _____
Email Address: _____ Extension: _____

PART B - TO BE COMPLETED BY EMPLOYEE RECEIVING KEY

Employee's Signature: _____ Date: _____