

**McMaster Health Campus  
New Key/Core Requisition/Key Transfer/Return Key Form  
For Public Health City Employees**

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

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:   
Account #:

Date:   
Ext:   
Email Address:

**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: \_\_\_\_\_