KEY AUTHORIZATION FORM FOR FAU JUPITER CAMPUS KEY(S)

Procedure:

- Employee/requestor must fully complete all fields of the authorization form.
 \$IWHU FRPSOHWLQJ WKH IRUP UHTXHVWRU PXVW WKHQ RE

 The key Loss of key(s) a Upon rein AD 1 	allow2-3 days for processing (s) must be issued directly key(s) will result in a charg relost, a police reportmust be esignation/termination, emp	g. to the employee of the to the employee of the employee of the filed with FAU Polyee is required to the new key(s) and reference.	only. and/or unit fo o return key(s	employee initials acknowledging agreement)
Employee Name:		Hire Effective Date:		
Department/O	ffice:			
Dean/Director Name:		le: Tit		
Dean/Director	Signature Approval:			
Employee is □ AMP Staff □ SP Staff □ Full-time Faculty □ Other:				
Please issue this employee the following:				
Key No.	Building Code/Room No:	Processor Date:		Key Return4