

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

EMPLOYEE KEY REQUEST

Fill in the appropriate spaces and forward to the Vice President of Administrative Affairs.

Date of Key Request: _____

Employee Information:

Name: _____ Employee ID: _____

Job Title: _____ Department: _____

Gender (Please circle): Male or Female

Keys Requested (check all that apply):

Card Key (access to outside doors)

Fitness Center Access

Employee or Employee Dependent (Circle One):

Dependent's Name: _____ Male or Female (Circle One)

Other (Please specific doors you need access to): _____

Comments: _____

Requested By _____ Ext.: _____

(ADMINISTRATIVE USE ONLY)

Signatures:

Vice President of Administrative Affairs

Physical Plant Director

Key(s) Issued: _____

Date Key(s) Issued: _____

Key(s) Returned: _____

Date Key(s) Returned: _____

Keys Returned By: _____

Comments: _____
