LSU HEALTH SHREVEPORT **Physical Plant and Facility Planning**

REQUEST FOR REPLACEMENT OF LOST KEY(S)

(Key Request Forms must be computer generated - not handwritten)

			Date:	
Name: _	(Last)		(First)	(MI)
			Work Phone:	. ,
	nent:			
Position Title:				
REQUEST FOR KEYS FOR ROOMS IN THE FOLLOWING BUILDINGS:				
	BUILDING(S)	WING(S) <u>(Hospital Only)</u>	FLOOR(S)	ROOM <u>NUMBER(S)</u>
Approving department head approves the requested access. Also, approving department head will be responsible for reimbursement to Physical Plant and Facility Planning for the keys issued to Student Workers, Volunteers, Contractors/Vendors and Observer/Participants if the keys are not returned to Physical Plant and Facility Planning upon the person's departure. Refer to Section 1 under policy for signature requirements.				
	Department Head		Date	
	Other Department		Date	
	Hospital Administration / Assistant or Associate Dean - M (Required for Building Masters)	ledical School	Date	
(Employee is responsible for obtaining these signatures)				
	Physical Plant and Facility Planning Administra	tion	Date	
	(F	Physical Plant and Facility Planning use	Only)	
I acknowledge receipt of the above keys and agree to Physical Plant and Facility Planning key control policy and agree to pay for each key lost, damaged or not returned to the Physical Plant and Facility Planning. The fees are \$100, for a Great Grand Master/Building Master, \$50 for a Sub-master/Departmental, \$25 for a Change Key. I understand these keys are LSUHSC-S property and must be returned to Physical Plant and Facility Planning upon ending my associate with LSUHSC-S. Payroll may withhold the cost of the keys if the keys are not returned. Any misuse or unauthorized use of keys may subject the key holder to disciplinary action.				
	Employee Signature Certifying Receipt of Ke	ys	Date	
	Date Originally Issued	Approximate Date Lost	Issuing Clerk	LSUHSC-S 1096C

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