

SPH: MAIL ROOM NOTIFICATION &/or KEY REQUEST FORM for LABS

This Form Is To Be Completed By A Supervisor

Division & Lab _____ Date _____
 Employee's Name _____ Phone _____
 Supervisor Name _____ Signature _____

MAIL ROOM NOTIFICATION (this info also needed for key request)

Employee Name (Known by): _____
Last First

Employee's Location: _____
Building Room #

Mail Location: _____
 (if different from Division above) Division/Lab

Beginning Date of Employment _____ Ending Date _____
(if known)

KEYS

*BUILDING Access/Key Needed _____
Building

ROOM Key Needed _____
Room # Building

Other Key(s) Needed _____
Room # Building

ISSUE ELECTRONIC LOCK CODE NUMBER - Room # _____ Building - _____

For Lost or Stolen Keys please call UCPD at 2-6760 and write your case number here: _____

***Card Key requests for University Hall require an additional Card Key Request Form for Processing.**

Lab Safety

The following MUST be completed by the Wet Lab Principal Investigator

Employee Completed Lab Safety Training- Date of Completion: _____
 Employee has read & signed the Chemical Hygiene Plan- Date signed: _____
 Employee has attended EH&S Lab Safety Training - Date of Completion: _____
 Employee's Lab Position _____

Principal Investigator's Signature: _____ PI Name: _____

BILLING INFORMATION

The following is to be completed by the Financial or Division/Unit Manager

Key charges should be billed to: _____
Chart String

Manager Signature Required: _____
Signature Date

Manager's Name : _____ Email: _____ PH#: _____

Requisition # _____ (for Facilities Management use only)

PLEASE FORWARD COMPLETED FORM TO FACILITIES MANAGEMENT UNIT, 50 UNIVERSITY HALL