PRINT

CLEAR FORM

BPH: MAIL ROOM NOTIFICATION &/or KEY REQUEST FORM

This Form Is To Be Completed By A Supervisor

Division/Unit _____ 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/Unit) _____

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

KEYS

*BUILDING Access Needed _____ (Building)

ROOM Key Needed _____ (Room #) (Building)

Other Key Needed _____ (Room #) (Building)

Other Key Needed _____ (Room #) (Building)

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

ACTIVATE Cal ID CARD IN LOCK ☐ Room # _____ Building – **UHALL**

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.**

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