GREAT BASIN COLLEGE KeyRequest& Policy Acknowledgement Form

Keys to	be issued t <u>o:</u>				
Home A	Addres <u>s:</u>				
Contact number(s):		De	Department <u>:</u>		
	Staff (Faculty, classified) Part-time (i Other (Company/Agency Name)		nstructor, student, facilitator, tutor, etc.)		
	, ,	t appl ty) be completed by emp	ployer/department		
	CampusMaster Reissue (Lost Key)	Building sub master Paid(submit receipt tdHR)	Building access Temporary Ke <u>y:</u>	Office/Room	
	Building Name (s <u>):</u>				
	Building Room Number	er(<u>s):</u>			
	Kev Number(s):				

Statement of Responsibilities:

Great Basin College strives to provide a safe and secure environment for our employees and strottents oper use of handling assigned keys can help to maintain this environment. To ensure that you understand and accept your responsibilities as a key holder, please read the college key policy