



FACILITIES KEY & ACCESS CARD REQUEST

Facilities and Operations · 1600 S 25th E · Idaho Falls, ID 83404 · emilie.bradshaw@cei.edu

TERMS & CONDITIONS:

By signing and/or being issued a key(s) and access devices to College of Eastern Idaho run property, the applicant agrees to the following:

- Key(s) and access devices can only be picked up and issued to the assignee (person needing access).
- Key(s) and access devices are not to be transferred, loaned, or distributed to anyone else.
- It is the assignees responsibility to return each key and/or access device to Human Resources when it is no longer required.
 - All key(s) and access devices issued by CEI remain property of CEI and can be recalled at any time.
 - Key(s) and access devices shall be turned in for any leave of absence that is anticipated to exceed 45 days.
- Lost key(s) and/or access devices must be reported to Facilities and if found turned into Facilities as soon as possible.
 - Fees may be applicable for replacement of lost or stolen keys and re-keying may be charged to employee or Division in which the employee works.
- Key(s) and/or access devices will not be issued to adjuncts or part time employees, unless deemed necessary by the F&O Director or the VPFA.

Requestors Information – Please print clearly and complete all fields

Requester's Name _____	Department _____	Date of Request _____
Person Needing Access _____	Title of Person Needing Access _____	Email of Person Needing Access _____

Request Information – Please check all that apply

<input type="checkbox"/> Current Employee	<input type="checkbox"/> New Employee	<input type="checkbox"/> Contractor	
<input type="checkbox"/> Full time staff	<input type="checkbox"/> Part time staff	<input type="checkbox"/> Full Time Faculty	<input type="checkbox"/> Adjunct Faculty
<input type="checkbox"/> New Key	<input type="checkbox"/> Lost Key	<input type="checkbox"/> Relocation	<input type="checkbox"/> Other: _____

List Building and Rooms Requiring Access

Applicant Use		Facilities Use		
Building	Room No.	Key Type	Key/Badge Serial Number	Signature & Date (upon issue)

Justification for access

APPROVALS

Manager/Supervisor: _____

Name (Please Print)	Signature	Date
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Director of F&O or VPFA: _____

Name (Please Print)	Signature	Date
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OFFICE USE ONLY

Signature of Person Issuing Key(s)	Date Issued
Signature of Person Receiving Key(s)	Date Returned