Key/Access Card Request/Agreement

MONROE COUNTY COMMUNITY COLLEGE

Please Type or Print Legibly

A. PERSON INFORMATION: Faculty: ____   Staff: ____   Maintenance: ____   Other: ____

1. Keyholder Name: Person needing key/card (Last, First, MI)	2. Keyholder ID Number:	3. Date:
4. Phone Number:	5. E-Mail Address:	
6. Job Title:	7. Department:	

B. ACCESS TYPE NEEDED:

8. Areas Requested (Building Name & Room Number):	9. Key	10. Card	11. Days & Times Access is Requested:	12. Date Access is Needed Until:	13. Access Needed Indefinitely

14. Reason for Request/Other Comments:

C. APPROVAL INFORMATION – All requests must be approved by the appropriate authorizing person before issuance.

15. Dean/Department Director Name:	16. Signature:	17. Date:
18. Vice President Name:	19. Signature:	20. Date:
21. President:	22. Signature:	23. Date:

D. MCCC SAFETY SERVICES USE ONLY: Date Request Received: _____

24. Key # - Key Type:	25. Date Key Received:
26. Access Card #:	27. Date Access Granted:

E. KEY/ACCESS CARD AGREEMENT (DO NOT SIGN AGREEMENT UNTIL KEY and/or ACCESS CARD IS RECEIVED)

- Electronic access to buildings is monitored and logged. Safety Services and Supervisors may review usage reports and logs. Access may be limited to certain periods.
- After-hours access to MCCC facilities is intended for legitimate purposes only. Upon request of Safety Services, or any faculty/staff member, individuals are expected to provide identification and a legitimate reason for the individual's presence on College property.
- Keys and/or access control cards issued by the College remain the property of Monroe County Community College and must be returned to the Safety Services Office upon termination of employment, or if the employee is no longer holding the role, responsibilities, and/or position for which the key/access card was granted.
- **I agree to not loan, transfer, give possession of, misuse, modify, alter, or make a copy of the key(s) and/or access card.**
- If the key(s) and/or access card is lost, misplaced, or stolen, I will notify the Safety Services Office immediately.
- I, the undersigned, acknowledge receipt of the key(s) and/or access card designated above in Section D. and I further understand and agree to abide by the above provisions of this agreement and those outlined in Procedure 6.23(a), Building Access Control Procedures.

28. Person Issuing Key/Access Card:	
29. Keyholder Signature (By my signature I acknowledge receipt of this key/access card):	30. Date:

Key/Access Card Form Instructions

SECTION A – PERSON INFORMATION

Select the appropriate checkbox identifying whether the Keyholder is a Faculty, Staff, Maintenance, or Other.

1. Keyholder Name – This is the name of the person to be issued the key and/or access card.
2. Keyholder ID Number – This is the person's MCCC Employee ID Number.
3. Date – Enter the date you are making the request.
4. Phone Number – Enter the phone number of the Keyholder in Box 1 who is to receive the key/access card.
5. E-Mail Address – Enter the e-mail address of the Keyholder in Box 1 who is to receive the key/access card.
6. Job Title – Enter the job title/position of the Keyholder in Box 1 who is to receive the key/access card.
7. Department – Enter the Department name of the person in Box 1 who is to receive the key/access card.

SECTION B – ACCESS TYPE NEEDED

8. Areas Requested – Enter the Building Name(s) and Room Number(s) for which access is needed.
   (e.g., Life Sciences/L-117, L-108, L-109, L-110, etc.)
9. Key – Check if key is being requested.
10. Card – Check if electronic access is being requested.
11. Days & Times Access is Requested – Enter the days of the week and times of the day that access is needed (e.g., 24x7, Mon-Fri, 7a-7p, Tues & Thurs 5-9p, etc.)
12. Date Access is Needed Until – List the date the access is needed until (this is used for access card programming). Once this date has passed, the access card will be disabled.
13. Check if Access is Needed Indefinitely – Check box used to indicate indefinite access. This is typically used when issuing a permanent key and/or access to a person.
14. Reason for Request/Other Comments – Explain the purpose of the access. Please note if a Master Key is being requested.

SECTION C – APPROVAL OF INFORMATION (All requests must be approved per the Authorization Matrix)

15-17. Dean/Department Director Name – Enter the name, obtain the signature, and date of the Authorizing Official (per the Authorization Matrix).
18-20. Vice President Name – Enter the name, obtain the signature, and date of the Authorizing Official (per the Authorization Matrix).
21-23. President – Enter the name, obtain the signature, and date of the Authorizing Official (per the Authorization Matrix).

SECTION D – MCCC SAFETY SERVICE USE ONLY (Used internally by MCCC Safety Services)

Enter the date that the Safety Services Office received the request.

24. Key # - Key Type – Enter the key number stamped on the physical key or key type.
25. Date Key Received – Enter the date that Safety Services receives the key from Campus Planning and Facilities.
26. Access Card # -- Enter the number of the access card.
27. Date Access Granted – Enter the date that Safety Services activated the access card.

SECTION E – KEY/ACCESS CARD AGREEMENT

NOTE: DO NOT SIGN THIS KEY/ACCESS CARD AGREEMENT UNTIL YOU ACTUALLY RECEIVE THE KEY(S)/ACCESS. YOUR SIGNATURE IS AN ACKNOWLEDGEMENT OF RECEIVING THE KEY/ACCESS CARD.

28. Person Issuing Key/Access Card – Name of the Safety Services staff member issuing the key/access to the Keyholder in Box 1.
29. Keyholder Signature – Keyholder signs here when they pick up the key/card after reading Section E. of the Key/Access Card Agreement. This person must also provide a photo ID when picking up a key/card.
30. Date – This is the date the key and/or access card was issued to the Keyholder in Box 1.

This completed Key/Access Card Request form may be e-mailed to cabel@monroeccc.edu or dropped off at the MCCC Safety Services Office (A-111) during normal office hours for processing. **NOTE: Incomplete/inaccurate forms may delay processing.**