RAR KEY/KEYTRAK REQUEST

Personnel Information

Legal Name of Key Holder: _____   Employee/Student ID:_____

UCard Number: 600953 _____   Smart ID _____

Key Holder's Supervisor/PI: _____   Department:_____

Key Holder's email:_____   UM Phone Number:_____

[**Must be provided if you are not an RAR employee**]   **[Sponsored Accounts(3XXX) NOT ALLOWED]**

Fund	**DeptID**	**Program**	**Account**
__ __ __ __	__ __ __ __ __ __ __ __ __	720299	

OPTIONAL: CHARTFIELD I _____   CHARTFIELD II _____

RAR CUSTOMER NUMBER, if applicable _____

THIS SECTION TO BE COMPLETED BY RAR AREA SUPERVISOR: **Key/KeyTrak Information**
[Bldg # is usually engraved sideways on the key head; Key ID is the number or letters stamped on the key head]

Building Name	BLDG #	Key ID		Building Name	BLDG #	KeyTrakID
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____

RAR Area Supervisor's Approval/Signature   **Date**

All University personnel are required to:
- Present ID and sign an approved form documenting record of the issuance of the key.
- Maintain, secure and be responsible for any access control key(s) issued,
- Report loss or theft of access control keys to the Supervisor/Department Access Controller, and to the University Police Department 624-3550 (who will notify Facilities Management personnel) within 24 hours of discovery of theft or loss, and
- Return to the Supervisor/Department Access Key Coordinator, upon terminating from the department, all keys issued.

Signature of Key Holder and Date Received:

_____ _____
Signature   **Date**

DAC:KEYREQUEST11.15