

Archibus Number _____

The University of Tennessee Health Science Center
Key Return Form
(Please type or print)

UT Employee UTMG Employee Other _____ (i.e. MED, VA)

Name

Personnel Number

UTHSC E-Mail

Building & Room Number

Department

UTHSC Phone Number

Department	Building	Room	Core Mark	Sub Number

All keys must be returned to the Assistant Vice Chancellor’s Office (Facilities/Physical Plant, Suite 211) Monday, Wednesday, and Thursday, between 8:30am – 11:30am or 1:00pm – 3:00pm, prior to or upon termination to complete the Exit Clearance. Keys cannot be transferred or exchanged amongst staff. Email the signed form to **uthscfacilities@uthsc.edu**. Expect a response within 48 hours of submitting your request in Archibus and turning in the signed form. **You will be notified when the key is ready for pickup, typically within 5-7 business days.** Lost keys must be reported immediately and will cost \$10 to replace. By submitting the form, you agree to these terms.

By signature, I acknowledge that I have read the Key Control Policy and that I am receiving the above key:

(Requestor Signature)

(Date Signed)

KEY CONTROL USE ONLY

Issued By _____

Date Issued _____

Master Key Approval _____

Disapproved _____

Comments _____