

UT HEALTH SCIENCE CENTER KEY TRANSFER FORM

UT EMPLOYEE
 UTMG EMPLOYEE
 OTHER _____ (i.e. MED, VA, etc.)

TRANSFER FROM: _____ PERSONNEL NO. _____
NAME

TRANSFER TO:

 NAME (Last, First, M. Initial) PERSONNEL NO. DATE

 CAMPUS ADDRESS (Bldg. & Room No.) DEPARTMENT UT TELEPHONE NO.

ONE FORM FOR EACH KEY

BUILDING	ROOM NO.	CORE MARK	SUB#

CAUTION

You must return all UT office and Building Keys issued to you to the Locksmith Office located at the Physical Plant Buildings Room 224, Mon. - Fri., 8-11:30 a.m. and 1:00 - 4:30 pm) upon termination or transfer and before you can exit clear from the campus. Do not swap or loan keys. If key is lost, you must report it in writing to Facilities Administration within 5 days and pay \$10.00 (Ten dollars) before another key will be issued. **COMPLETED FORM WILL NEED TO BE ATTACHED TO AN ARCHIBUS WORK ORDER REQUEST.**

By signature, I acknowledge receipt of above key:

SIGNATURE

ACCOUNT NAME _____ ACCOUNT NUMBER _____
 (TO WHOM ABOVE SPACE IS ASSIGNED)

AUTHORIZING SIGNATURE _____ PRINTED NAME _____ TITLE _____
 FOR ABOVE SPACE _____

KEY CONTROL USE ONLY

DATE KEY TRANSFERRED _____

KEY CONTROL SIGNATURE _____

COMMENTS: _____