



920 Barlow Road • Fort Morgan CO 80701

# PHYSICAL PLANT KEY REQUEST

Requesting Key or Card for: \_\_\_\_\_

Title: \_\_\_\_\_

Full-Time      Part-Time      Faculty      Staff      Other:(explain) \_\_\_\_\_

Office # \_\_\_\_\_ Door signed needed      Name/Title \_\_\_\_\_

Room #(s) \_\_\_\_\_

**Note:** Physical Plant will provide the employee's supervisor with keys and a copy of this form for signature. Form signed by employee must be returned to Physical Plant.

I, \_\_\_\_\_ (Signature of Assignee), understand that I am responsible for the keys and/or cards I have been issued. I further understand that should building security be compromised due to my mishandling of said items I could be held responsible for the cost to re-secure the areas affected. I further understand it is my responsibility to return all keys/cards to Human Resources upon leaving Morgan Community College.

**Enter Supervisor Email below**

Requester

Supervisor

VP of Fin/  
Admin

Approver Notes

**M&O Use only**

Card # \_\_\_\_\_ Access Code # \_\_\_\_\_

Key # \_\_\_\_\_

Work completed by \_\_\_\_\_