Department Security / Signature Authorization Form

Department: ___________________________ Date: ________________

Dean or Director: ________________________ Division: __________________________

Designated Department Key Custodian: __________________________

The new Lock and Key policy requires an Annual Key Audit for your department.

Policy 3.035 Lock and Key Policy

How this helps departments: Know how many keys have been issued in your area of responsibility and who holds keys to your area. Know you will meet audit requirements.

Key Custodian: Department-designated employee responsible to reconcile initial key inventory in conjunction with the Work Management Center, and thereafter, manage all key transactions and annual key inventories. Both the Key Custodian and the authorized key recipient will be notified when the key is ready at the Work Management Center.

Departmental responsibility:
1. Provide list of individuals authorized to approve key issuance for your department.
2. Assign a Key Custodian for the department to:
   a. Verify accuracy of key inventory for the department.
   b. Update key records to reflect current inventory of keys issued within department.
   c. Manage all key functions for the department – key requests, transfers, returns and annual key inventory.

Designated Authorized Signer:
College Deans, department Directors, or designated appointee by signing key request and key transfer authorize keys within their areas of responsibility. All instructional, professional, and clerical space in the building must be controlled by the College/Department. All Lock and Key Requests require an approved form to be submitted in advance of the date needed. The key will be fabricated when authorization is approved.

I have read and understand my responsibilities associated with the security of my department, including locks, keys and access cards.

__________________________________________  ________________________
Designated Authorized Signer                  Date

__________________________________________  ________________________
Next Level Supervisor’s signature             Date