

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

AUTHORIZATION TO ISSUE KEY

ADMINISTRATIVE SERVICES/#MC2551/REVISED, MARCH 2024

INSTRUCTORS: THIS FORM IS NOT NEEDED FOR ROOM KEY(S) THAT HAVE BEEN ASSIGNED TO YOU THROUGH THE CLASS SCHEDULE. LAB AND ALL OTHER KEYS REQUIRE THIS FORM

Print Name _____ Position Title _____ ID # _____

Phone _____ Email _____ Date _____

REQUESTED KEYS:

LIST KEY OR ROOM NUMBER(S)

Room Key

Requires signature (1) and (2)

Exterior Building Key

Requires signature (1) and (2)

Building Master

*Requires signatures (1), (2), (3), and (4)

Grand Master

*Requires signatures (1), (2), (3), and (4)

ADMINISTRATIVE PROCEDURE 3143

Room Key

Faculty, Adjunct, Classified Staff, Part-Time Classified

Exterior Building Key

Faculty, Adjunct, Classified Staff, Part-Time Classified, and Staff Residing in Building

Building Master:

All full-time Maintenance, Custodian, Security, Events, Audio Visual, Property Control (including Warehouse and Mailroom) staffs, Dean/Area Directors and Area Secretaries

Grand Master:

Director of Facilities Management, Director of Law Enforcement, and Locksmith

AUTHORIZING SIGNATURES

Save form and add requestors last and first name and date to the end of file.
(Example: KeyAuthorization_LastFirst_2019-01-30)

(1) _____ Date _____
Manager/Supervisor/Dean Signature

(2) _____ Date _____
Area Vice President Signature

(3) _____ Date _____
*Director of Facilities Management Signature

(4) _____ Date _____
*Vice President of Administrative Services Signature

By signing below, you agree to protect key(s) from harm, loss, duplication, and misuse by yourself or others. You also acknowledge that you have received, understood, and agreed to Board Policy 3143, CA Penal Code §469, "Unauthorized making, duplicating, use or possession of a key is a misdemeanor." Furthermore, you understand and agree that losing a key or keys, will result in a charge of \$50.00 per key.

Employee Signature

Date

OFFICE USE ONLY

Date