

**SPORTS FACILITIES KEY ISSUE AUTHORIZATION**

Issued to: \_\_\_\_\_  
Last name, First name (Please Print) Signature

Home Telephone # \_\_\_\_\_ SS # \_\_\_\_\_  
Department Telephone # \_\_\_\_\_

Please Check Unit:  
 ICA       REC       POOL       JSFO       OTHERS \_\_\_\_\_

Student                      Job Ending Date: \_\_\_\_\_  
 Temporary Staff              Job Ending Date: \_\_\_\_\_  
 Staff                              Job Ending Date: \_\_\_\_\_  
 Other                              Job Ending Date: \_\_\_\_\_

Date keys are to be returned other than ending date: \_\_\_\_\_

APPROVAL SIGNATURES

Unit Head: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Supervisor: \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_

Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____
Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____
Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____
Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____
Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____
Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____
Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____
Key # _____	Hook# _____	Qty: _____	Fac/Rm: _____	Returned: _____

*Note: Under no circumstance are the keys that are issued to you to be loaned or passed on to anyone else. A \$20.00 deposit is required at the time keys are issued. In the event of any loss, the full deposit will be forfeited. The deposit will be returned after all keys that were issued are returned.*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Don Chadwick, Director

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For Office Use Only:

_____	Deposit Recorded	Date _____	Initial _____
_____	Inventory Updated	Date _____	Initial _____
_____	Replacement Req'd	Date _____	Initial _____
_____	Deposit Recorded	Date _____	Initial _____
_____	Key returned	Date _____	Initial _____
_____	Deposit Returned	Date _____	Initial _____

Return deposit address \_\_\_\_\_