



SAN DIEGO MIRAMAR COLLEGE KEY/ALARM REQUEST FORM



EMPLOYEE NAME: _____ **EMPLOYEE #**:** _____
(Last/First/MI) (Last 4 of SSN; NOT CSID#)

DEPT/DIVISION: <input type="checkbox"/> Administrative Svcs. <input type="checkbox"/> Bookstore <input type="checkbox"/> Math & Science <input type="checkbox"/> College Police/Parking <input type="checkbox"/> Continuing Ed. <input type="checkbox"/> District IT <input type="checkbox"/> District Warehouse <input type="checkbox"/> Facilities Services <input type="checkbox"/> Food Services <input type="checkbox"/> Instructional Services	<input type="checkbox"/> Liberal Arts <input type="checkbox"/> Library & Technology <input type="checkbox"/> President's Office <input type="checkbox"/> Public Safety <input type="checkbox"/> Student Affairs <input type="checkbox"/> Student Services <input type="checkbox"/> Bus, Tech Careers <input type="checkbox"/> City P & R - Aquatics <input type="checkbox"/> City P & R - Park <input type="checkbox"/> Other _____	EMPLOYEE TYPE: <input type="checkbox"/> Academic <input type="checkbox"/> Classified <input type="checkbox"/> City Parks & Rec <input type="checkbox"/> NANCE (special) <input type="checkbox"/> Other _____	EMPLOYEE DESCRIPTION: <input type="checkbox"/> Contract <input type="checkbox"/> Adjunct <input type="checkbox"/> Academy/In-Service <input type="checkbox"/> Pro-Rata <input type="checkbox"/> Retiree <input type="checkbox"/> City Parks & Rec <input type="checkbox"/> NANCE (special) <input type="checkbox"/> Other _____	EMPLOYEE TITLE: <input type="checkbox"/> Faculty – Classroom <input type="checkbox"/> Faculty – Non-Classroom <input type="checkbox"/> Staff <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> NANCE (special) <input type="checkbox"/> Other _____
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KEY/ALARM REQUESTED FOR:	Bldg/Room #	Bldg/Room #	Bldg/Room #	Bldg/Room #
<i>(Be sure to indicate letters of individual offices, i.e. A101a)</i>	_____	_____	_____	_____
<i>(If code <u>only</u> is needed, please indicate)</i>	_____	_____	_____	_____

I, the undersigned, acknowledge receipt of the keys designated below. I agree not to loan, transfer, give possession, misuse, modify or alter the below keys. I further agree not to duplicate any San Diego Community College District keys.

It is understood that the key(s) are to be turned over to the campus College Police office in room T-101 upon the end of the current semester, resignation, retirement or when the need to have the key(s) no longer exists (i.e., change of assignment on campus.) Keys are **NOT** to be passed on to anyone else.

I understand that my final pay warrant will not be issued until all keys are returned.

Employee Signature: _____ Date: _____

Authorizing Administrator's Signature: _____ Date: _____

VP Administrative Svcs Signature: _____ Date: _____

(Route **ALL** copies to the College Police Office once all signatures have been obtained)

FOR OFFICE USE ONLY

KEYS	HOOK NO.	KEY #	ROOM #(S)	DATE ISSUED	ISSUED BY	REC BY	DATE RETURNED	REC BY
ALARM CODES	ROOM #(S)			DATE CODE ISSUED	ISSUED BY			

****PLEASE NOTE: If you forget your code, you must provide the above Employee # to receive your code from Dispatch**

Distribution: White—College Police Yellow—Employee Receipt with Keys Issued Pink – Business Office