	KE	EY ISSUA	NCE & F	DLLEGE RETURN FOF	RM		
Palomino ID:		ł	Revised 06/05	5/2019			
Employee's Name:				Dept./Division:			
Title/Position:				Phone Ext.:			
□ Issue □ Inventory	□ Full-Time □ Part-Time						
BLDG. NAME	DESCRIPTION (Class, Office, Desk Etc.)	ROOM #	KEY #	INVENTORY For office use only			
				KEEP/DATE INITIALS	RETURN/DATE INITIALS	LOST/DATE INITIALS	
REMARKS:							
Supervisor's Approval Dat		Date		Dean/Director's Approval Da		Date	
VP/Chief Officer's Approval Da (Required for Mini Master Keys)		Date		President's Approval Date (Required for Master Keys/Bldg. Entrance Keys)			
				Employee's Si		Date	