

Key Transfer Form

FILL OUT ONE FORM PER PERSON, PER BUILDING

Facilities Management (605) 658-6100 • fmwrkctr@usd.edu

Please fill out the below information and return to Facilities Management via email or interoffice exchange. Make sure that all information is correct before sending the form. Failure to do so may delay the transfer process. This form must include all three requested signatures or Facilities Management will not process the request. The only exception would be an employee who quit without notice.

KEY INFORMATION:

MET INFORMATIO	<u>N</u> .		
	Building		
	Room		
	Key Stamp		
	Department		
Transfer From:		Transfer To:	
	t be signed electronically or printed and signed)		electronically or printed and signed
nitiated By:		Phone: _	
Approved By: _	(If an electronic signature cannot be add	dad places print and sign)	
	(ii aii electionic signature cannot be auc	ieu, piease print and sign)	
Facilities Manager	ment Approval:	Da	ate: