



Key Issuance Agreement

RECIPIENT INFORMATION:

Name: _____ Molloy ID # _____

Department: _____ Supervisor's Name: _____

KEY INFORMATION:

Location (Building and Room Number) _____

Date Issued: _____ Date Returned: _____

All key requests must be approved by the overseeing Vice President and/or the Assistant Vice President for Facilities. Keys will be issued only when there is a demonstrated need for the person(s) to have access to any Molloy University facilities. ***Classroom and instruction space key requests will not be considered or approved.*** Employment alone does not necessarily justify the issuance of keys.

The affidavit below ***MUST*** be signed by the person(s) receiving the requested key access.

I understand and agree that:

1. The key(s) issued to me are for Molloy University business purposes only.
2. When I enter or leave a locked building/room I will not permit any individual to enter who does not have keys to enter that area at that time.
3. When I enter or leave a locked building/room I am responsible for securing the entrance/exit and may be held responsible for any loss or damage to university property resulting from my failure to do so.
4. I shall not duplicate or cut the key(s).
5. I shall not transfer, share, or loan the key(s) to any other individuals.
6. All key issued to me remain the property of Molloy University and I will return them to my supervisor if:
 - a. I transfer to another department or building
 - b. I am terminated, retire, or resign
 - c. My supervisor requests that I do so
7. If my key(s) are lost or stolen, I will report the loss/theft immediately to Public Safety.
8. If I lose my key(s), I may be subject to disciplinary action up to and including termination. In certain situations, I may be required to cover the cost involved in replacing the key(s) and/or to change the lock(s).

Signature of requester

Date

Authorizing Signature (VP, Dean or Supervisor)

Date