

WO#



		☐ Graduate Student	
equestor Information:	<u> </u>		
ast Name	First Name		89 Number
b Description	LSU Email Address		Phone Number
epartment	Account Number		Date
ey Information:			
uilding	Room #	Key Code	Comments
uilding	Room #	Key Code	Comments
uilding	Room #	Key Code	Comments
pproval:			
Building Coordinator (Printed Name) Approval (Required for Sub-Masters and Masters):		Signature	Date
Dean or Director (Printed Name)		Signature	Date
Fony Lombardo, P.E., Facility and Property Oversight		Signature	Date
art Thompson, Chief of Police, LSUPD		Signature	Date

D. Building Coordinators are the only authorized individuals to unlock doors, and only when they are certain that the individual is authorized

If a key is lost or stolen, the Department Head and LSU Facility Services must be notified. Also, a police report must be filed with LSU PD

E. Upon termination of employment, or when a change in space assignment occurs, key(s) must be returned to Facility Services. A fee will be charged for each unreturned key, plus the cost to replace each core that the key operates. (Master Keys will open multiple cores)

During periods of extended leave or a leave of absence from the University, key(s) must be returned to Facility Services.

Signature (Sign Only Upon Receiving Keys)

to be in the building/room/area.

and a copy of the report must be attached to the FS Work Order.

Date