

**DIVISION OF FACILITIES MANAGEMENT**

**KEY ISSUE RECORD**

**To: Campus Services Manager – Email DFM@csu.edu.au**

Key Custodian: \_\_\_\_\_ (School/Section) \_\_\_\_\_

Contact Tel: \_\_\_\_\_ Email: \_\_\_\_\_ Date \_\_\_\_\_

**Originator to complete:**

I request that key(s) to the following University facilities be issued to me, for the reason shown:

| Campus | Building Name | Building No | Room Name | Room No | Quantity Required |
|--------|---------------|-------------|-----------|---------|-------------------|
|        |               |             |           |         |                   |
|        |               |             |           |         |                   |

When issued to an individual please provide the following:

Staff No \_\_\_\_\_ Name (block letters) \_\_\_\_\_ Signature \_\_\_\_\_

**Executive Dean/Section Head to complete:**

I certify that the issue of the above key(s) is/are necessary for the efficient performance of duty by the staff member:  
(tick one box and show details if applicable):

Additional Staff Member       New Use of Facility       Other       Replacing Staff Member

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Delegated authority under Key Policy**

**ACCEPTANCE OF COST RECOVERY** (Note: a fee will apply, currently \$35 per key)

Please supply keys at the cost of \$..... and charge to Account Code \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Head of School/Director/Manager)**

**Facilities Management Approval:** The issue of the key(s) not struck out is hereby approved

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KEY RECEIPT: I confirm that I have received the key(s) listed above:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(To be signed by authorised key custodian).

Office use only:

| TELKEE | Key No | Dupl No |
|--------|--------|---------|
|        |        |         |
|        |        |         |