

Key Receipt / Key Return Designee Form

After the form is complete, return to Work Control MA 106

Department: _____

Department Head: _____

Date: _____

Designee: _____ **Email:** _____

The _____ Department has appointed _____

(Department)

(Staff or Faculty Designee)

serving as _____ to perform the duties associated with

(Job Title)

“Key Receipt and Return” signatures for staff, faculty and students in our department that are unable or unavailable during office hours. This designee is responsible only to obtain signatures within a reasonable period of time. This Designee will serve as the contact person for the department listed for all key issues. All key audit results will be sent to their attention.

Dept. Head Signature

Date:

