Department Key Designee Authorization Form

Department: _________________________

Department Head: _________________________

Department Head Email: _________________________

Designee: _________________________

Designee Email: _________________________

The _________________________ Department has appointed _________________________

(Department)                                                            (Staff or Faculty Designee)

serving as _________________________ to perform the duties associated with

(Job Title)

The role of the “Department Key Designee”. This Designee will serve as Work
Control’s contact person on all key issues including request, receipt and return of keys
on behalf of the department’s staff, faculty and students. The Designee will also have
full access to the University’s web-based Key Management Portal, allowing requests
and record management to be completed online. As such, this designation is a full
equivalent of signatory authorization of the Department Head for all access related
matters. The Department Key Designee will retain key authorization until the Department
Head notifies Work Control of changes.

________________________________       _______________
Dept. Head Signature             Date: