

UNIVERSITY OF WEST INDIES MONA CHEMISTRY DEPARTMENT

KEY ISSUE/ RETURN FORM			
A SEPARATE FORM IS REQUIRED FOR EACH KEY REQUESTED AND RETURNED			
SECTION A –KEY ISSUE			
Key holder			
Once issued with this key I agree to the conditions listed below.			
<ul style="list-style-type: none"> I accept responsibility for the key provided to me I undertake NOT to transfer or LOAN this key to any other person When I no longer require this Key I will return the key to Main Office immediately I will notify Main Office immediately should I lose this key I accept that the cost of a replacement key or any alterations to locks as a result of my negligence and recognize that it will cost me I will not duplicate any key belonging to the Chemistry Department 			
key code		KEY ISSUE NUMBER	
last Name			
first Name			
Staff/Student ID			
School/ Division			
Supervisor		Start Date:	End Date:
building Name		Room number:	
Phone No		Email:	
Signature			Date :
Head OF Division /Unit or Nominee Authorisation			
Individual key holder must return keys that are no longer required to the Main Office.			
Department/Division			
New/Replacement			
Name:			
Signature:		Date:	
SECTION B Key Returned to Main Office			
Name of Key holder		Date	
Signature			
SECTION C Key Returned to Main Office			
Name of Main Office personnel		Date:	
Signature		Date:	