



Key Checkout Authorization

Physical Plant Facilities Operations Center
Mail Code 6738
Phone: 618-453-FOC1 (3621) Fax: 618-453-7722
Email: foc@pso.siu.edu

Date _____
(Choose from calendar under arrow)

Parts 1 through 4 should be completed by the requestee and his/her Physical Plant supervisor or coordinator. Submit the completed form to the Facilities Operations Center office at the Physical Plant for approval. Please allow at least 2 days for processing.

1. Requestee Information

Name: _____

Driver's license number and state: _____
FOR OFFICE USE ONLY. BRING DRIVER'S LICENSE WHEN PRESENTING FORM.

Telephone where you can be reached after normal working hours:

2. Employer/Department Information

Employer/department name: _____

Telephone: _____

3. Expiration Date *(Choose from calendar under arrow)*

All authorizations will expire on June 30 of the current year unless a different date is specified above.

4. Authorizing Physical Plant Supervisor/Coordinator

Authorized by: _____
SIGNATURE

Position: _____

Return to the Facilities Operations Center office at the Physical Plant.