

## LOST/STOLEN KEY REPORT

### REQUIRED INFORMATION

EMPLOYEE (STUDENT) NAME: \_\_\_\_\_ EXT: \_\_\_\_\_  
 DEPARTMENT/COST CENTER: \_\_\_\_\_ I.D. NUMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 DESCRIPTION OF EVENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPLETED BY LOCKSMITH

### COMPROMISED AREAS

KEY	BUILDING	DOOR NUMBER	CORE NUMBER

KEYS TO BE REPLACED \_\_\_\_\_ @ \$ \_\_\_\_\_ PER KEY \$ \_\_\_\_\_  
 CORES TO BE RECONFIGURED \_\_\_\_\_ @ \$ \_\_\_\_\_ PER CORE \$ \_\_\_\_\_  
 HOURS REQUIRED \_\_\_\_\_ TOTAL COST \$ \_\_\_\_\_  
 REKEYING APPROVED BY \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DEPARTMENT HEAD STATEMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ BY: \_\_\_\_\_

SECURITY DEPARTMENT STATEMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ BY: \_\_\_\_\_

DISCIPLINARY ACTION TAKEN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VP FINANCE \_\_\_\_\_ HUMAN RESOURCES \_\_\_\_\_ STAFF \_\_\_\_\_