



# Personal Issued Key Request Form

Personal issued key/key set request for the purpose of: \_\_\_\_\_

\_\_\_\_\_

I understand the following: The below key(s) are the property of the Oregon Department of Corrections (DOC). I will surrender these keys when there is no longer a legitimate reason for keeping the keys, upon my transfer to another facility, at the request of my supervisor, or upon termination of employment with DOC. I will not attempt to have these keys duplicated. If misplaced or lost, I will immediately notify the facility on duty supervisor, and also provide written notification to my supervisor and the functional unit manager.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FUM or designee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVED / DENIED (circle one)

The signatures below indicate the key/key set was issued and the signer has read the Keys and Locks Policy 40.1.2 and respective functional unit's procedures.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving Key Control Personnel

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Issuing Functional Unit: \_\_\_\_\_

Key Numbers/Set Assigned: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

cc:     Personnel Working File  
         Key Control Personnel