BSU FACILITIES OPERATIONS & MAINTENANCE (FO&M)

svcreqs@boisestate.edu   Mail Stop: 1270   Fax No: 6-1892

KEY REQUEST/ LOST/ STOLEN OR RETURN FORM

KEYS ARE A SECURITY ITEM, NOT A CONVENIENCE (PLEASE MAKE READABLE)

KEYHOLDER NAME: New keyholder

KEYHOLDER PHONE #: 61234

POSITION: faculty/staff title/

DEPARTMENT: CE,CS,CM,ECE,MSE,MBE,OPWL

EMPLOYEE / STUDENT ID #: 123456789

EMAIL ADDRESS @boisestate.edu

DEPT. CONTACT dept contact/Norma Kindall

CONTACT PHONE # 61450

☑ **KEY REQUEST** SAMPLE

All key requests require a Department Head, Department Chair or Dean's personal signature. (Signature stamp or authorized signature not acceptable.) Generally it takes about 3 business days to process a Key Request and make the key. You will be called when your key is ready. Only the person for whom the key was requested will be able to pick it up unless previous arrangements are made. A picture ID is required.

Department Head/Chair/Dean Print Name: Dept chair / Rex Oxford   Date: _____ Ext: _____

Department Head/Chair/Dean Signature: _____   Date: _____

[Sign Here] [Sign Here]

KEY INFORMATION

Building Name (Please do not abbreviate)	Building Room	Key Number If requesting a cabinet key, enter numbers on the lock.	HOOK # (office use only)
Engineering Building (ENGR)			
Micron Engineering Center (MEC)			
Henry Morrision Lab (HML)			
1015 Grant Avenue (GRX1)			

☐ **LOST / STOLEN KEY REPORT**

The above key(s) were ☐ lost or ☐ stolen on _____ at/from _____

_____.

Reports of lost/stolen keys are forwarded to: MAIL STOP

                            Dept. Head   _____

                            Dean of the School _____

                            University Security   1291

                            Risk Mgmt.   1240

                            VP of Finance & Admin 1200

Deliver form to Dean's Office

☐ **KEY RETURN**

No signature is required. Please complete the information above & tape the keys to the form.

OFFICE USE ONLY

TRANSACTION   COMPLETED BY_____DATE_____

Updated 08/13/2014

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        Dept. Head
        Dean of the School   *2100*
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OFFICE USE ONLY

TRANSACTION   COMPLETED BY_____DATE_____

Updated 08/13/2014

BSU FACILITIES OPERATIONS & MAINTENANCE (FO&M)

Ext: 6-1409   **Mail Stop: 1270**   **Fax No: 6-1892**

KEY TRANSFER FORM

SAMPLE

DATE: Today's date

TO: Key Control Desk, FO&M

FROM: (name of requestor)

DEPARTMENT: (department of requestor)   EXT: (office phone #)

PLEASE TRANSFER THE FOLLOWING KEY(S) *FROM*:

former keyholder _____   keyholder dept _____   phone _____
(Name)   (Department)   (Extension)

TO:

(new keyholder) _____   new keyholder dept _____   phone _____
(Name)   (Department)   (Extension)

title of new keyholder _____   new keyholder ID _____
(Position)   (Employee/Stdt ID)

KEY NUMBER(S) TO BE TRANSFERRED:

(list key number and building/room assigned to that key)

_____   *Sign Here*   *Sign Here*
_____
_____
_____

Reason for the key transfer(s): _____Leaving department _____Duties changing

Other (explain) _____

Authorizing Signature: _(dept chair)_   _(Rex Oxford)_
                          (Department Head, Building Manager)

I, the undersigned, acknowledge receipt of the above key(s). I understand these keys are my responsibility and I will return these keys to the Facilities Operations and Maintenance Department upon my termination, transfer, or sabbatical leave. **DO NOT LOAN KEYS.**

New Key Holder: _____   Date: ___ **Sign Here**

Deliver form to Dean's Office

DEFINITIONS OF VISITORS AND AFFILIATES

Visitors and Affiliates are individuals associated with Boise State University who are not hired and/or not paid through our usual procedures. There are four types:

Affiliate
Individuals associated with the campus as board or advisory committee members, VIPs, volunteers, legislators, employees of agencies under the auspices of the State Board of Education and who are not Boise State University employees or students. The association of Affiliates with the university is ongoing as long as the Affiliate serves in the capacities described above. Affiliate status must be renewed annually.

Affiliate Faculty
Individuals that do not have direct teaching responsibilities for students but who provide instruction in off-campus settings for students registered in programs with classroom, clinical, or laboratory experiences. The association of Affiliate Faculty with the university is ongoing as long as the Affiliate Faculty serves in the capacities described above. Affiliate Faculty status must be renewed annually.

Visitor
Individuals who are *unpaid* invited guests for a temporary length of time; and paid temporary employees, including consultants, interns, researchers or research assistants. Visitor status is approved for the specified length of time and must be renewed should the association continue.

Vendor
Off campus vendors (e.g. repair, construction, and delivery personnel) and independent contractors who require campus access over a specified period of time. Vendor status is approved for a specified length of time and must be renewed should the association continue.

When individuals are hired using an Employee Action Form (EAF) or Letter of Appointment (LOA) and/or are paid through University payroll (e.g. Adjunct Faculty, Visiting Professors), they are considered to be employees; therefore, this form is not required.

STATUS AND SERVICES FOR VISITORS AND AFFILIATES

When a department wishes to provide Visitors and Affiliates with campus services related to their campus role, the department initiates the Request for Approval of Visitor and Affiliate Status and Services form. It is the responsibility of the Vice President to whom the sponsoring department reports to approve the Visitor or Affiliate status of the individual(s) before campus services can be arranged. Once this status is approved by the appropriate Vice President, the sponsoring department can request campus services for the Visitor or Affiliate using the Request for Approval of Visitor or Affiliate Status and Services form.

PROCESSING INSTRUCTIONS

☐ **Sponsoring Department** completes Request form (p. 3), obtains necessary department/unit approvals, and sends form to the sponsoring department's Vice President for approval.

☐ **Vice President's office** will approve/deny form. If approved and a BSU ID number is required for services, the Vice President's Office will forward a copy of the approved form to HR. The Vice President's office will return a copy to the sponsoring department.

☐ Once approval of status is obtained from the Vice President, the **Sponsoring Department** requests campus services as needed (see contacts below). Campus service providers will make the final determination whether or not to provide requested service depending on appropriate justification, eligibility criteria, and approval of status.

☐ **It is Sponsoring Department's** responsibility to work with the Affiliate/Visitor to ensure that approved services are in place. A copy of the completed and approved request form should be submitted to each provider of the campus service being requested.

☐ Visitor/Affiliate forms are good for up to one year from requested start date of Affiliate/Visitor.   To renew status each year, the **Sponsoring Department** is required to submit a new form to the Vice President's Office for approval.

☐ The **Sponsoring Department** is responsible for renewing continued status, ensuring provision of services, and for canceling services when they are no longer needed.

Please contact Risk Management for information on any necessary insurance, i.e. Workers Compensation, General Liability, etc. and potential risk exposures during visitor/affiliates to Boise State. The requester completing the form should contact either Kip McBean at 426-3636 or Breck Skinner at 426-5955.

CAMPUS SERVICES

Departments may wish to provide one or more of the following services for their Visitors and Affiliates. **Those marked with an asterisk (*) require that a Boise State ID Number be assigned. If marked with two asterisks (**), a Boise State ID Number and a Boise State email account will be required.**

Boise State ID	Contact Campus ID, broncobucks@boisestate.edu 426-4171, FAX 426-4108 (cost is $25.00)
Facility Access*	Contact Facilities 426-1409 (Requires Boise State ID card with proximity access)
Computer/Email Accounts*	For a new University computer account, the department contact must complete the following: 1. Submit a request online via HelpDesk Self Service at http://oit.boisestate.edu/accounts/accounts/account-services/, and 2. Email a copy of your approved Request For Approval Of Visitor Or Affiliate Status And Services to accounts@boisestate.edu
Library Services**	Contact Albertsons Library, 426-4025
Recreation Center	Contact Campus Recreation, rdelaney@boisestate.edu, 426-5641
Temporary Campus Housing	Contact University Housing, 447-1001
Parking	No special services for Visitor/Affiliates. Call for general information, Parking and Transportation Services, 426-7275

NOTE: Either sponsoring departments or the Visitor or Affiliate assume responsibility for any costs associated with campus services.

REQUEST FOR APPROVAL OF VISITOR OR AFFILIATE STATUS AND SERVICES
(Complete this page and submit for approvals per instructions on p. 2)

Form Prepared By (PRINT): _____ Ext.: _____ Mailstop: _____

Campus Contact Responsible for this Visitor/Affiliate: PRINT NAME: _____

Title: _____ Ext. _____ Sponsoring Dept: _____

VISITOR/AFFILIATE NAME:

(PRINT) Name: _____ Email Address: _____

Mailing Address: _____ City _____ State _____ Zip _____

☐ New Request   ☐ Renewal Request (date previous request expired _____)

STATUS REQUESTED (see Definitions):

☐ Affiliate   ☐ Affiliate Faculty   ☐ Visitor   ☐ Vendor

ROLE AND RESPONSIBILITIES (can attach letter): What is the nature of the Visitor/ Affiliate's association w/Boise State? Be specific. _____

_____

_____

_____

_____

DATES OF AFFILIATION/VISIT:

Start date: _____   Stop Date (**12-month maximum**): _____

SERVICES REQUESTED:

____ Boise State ID Card* – **Cost $25.00. If dept is paying,**   ____ Library Services**
     Dept ID to charge: _____   ____ Recreation Center
____ Computer/Email Accounts*   ____ Temporary Campus Housing
____ Facility Access* (list specific building/room locations): _____
____ Other _____

***Boise State ID Number required. If Boise State ID Number is required, the Sponsoring Department will be contacted by HRS to provide both social security number and date of birth of Affiliate or Visitor. Do not write either social security number or date of birth on this form. **Boise State ID Number and a Boise State email account are required.**

FOR HUMAN RESOURCE SERVICES USE ONLY: Boise State ID NO.

REQUIRED APPROVALS
Department Chair

Signature: _____ Printed Name: _____ Date: _____

Dean or Director
Signature: _____ Printed Name: Rex Oxford _____ Date: _____

Vice President
Signature: _____ Printed Name: _____ Date: _____

Revised 11/2013