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
POSITION: faculty/staff title/
EMPLOYEE / STUDENT ID #: 123456789
DEPT. CONTACT dept contact/Norma Kindall

KEYHOLDER PHONE #: 61234
DEPARTMENT: CE,CS,CM,ECE,MSE,MBE,OPWL
EMAIL ADDRESS: @boisestate.edu
CONTACT PHONE #: 61450

☑️ KEY REQUEST

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
Department Head/Chair/Dean Signature: ________________________________ Date: ________________

Date: ________________ Ext: ________________

KEY INFORMATION

<table>
<thead>
<tr>
<th>Building Name</th>
<th>Building Room</th>
<th>Key Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering Building (ENGR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Micron Engineering Center (MEC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Henry Morrison Lab (HML)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1015 Grant Avenue (GRX1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ LOST / STOLEN KEY REPORT

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

Reports of lost/stolen keys are forwarded to:

Dept. Head
Dean of the School
University Security
Risk Mgmt.
VP of Finance & Admin

MAIL STOP
1291
1240
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
KEYS ARE A SECURITY ITEM, NOT A CONVENIENCE (PLEASE MAKE READABLE)

KEYHOLDER NAME: Keyholder
POSITION: faculty/staff title/
EMPLOYEE / STUDENT ID #: 123456789
DEPT. CONTACT dept contact/Norma Kindall

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DEPARTMENT: CE,CS,CM,ECE,MSE,MBE,OPWL
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Department Head/Chair/Dean Print Name: Dept chair / Rex Oxford Date: Ext: 
Department Head/Chair/Dean Signature: Date: 

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LOST / STOLEN KEY REPORT
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Reports of lost/stolen keys are forwarded to:
- Dept. Head
- Dean of the School
- University Security 1291
- Risk Mgmt. 1240
- VP of Finance & Admin 1200

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

Deliver form to Dean's Office

OFFICE USE ONLY

TRANSACTION COMPLETED BY ____ DATE ________

Updated 08/13/2014
KEYS ARE A SECURITY ITEM, NOT A CONVENIENCE (PLEASE MAKE READABLE)

KEYHOLDER NAME: Keyholder
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

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Department Head/Chair/Dean Print Name: Rex Oxford Date: Ext: 
Department Head/Chair/Dean Signature: Date: ________

KEY INFORMATION

<table>
<thead>
<tr>
<th>Building Name</th>
<th>Building Room</th>
<th>Key Number</th>
<th>HOOK #</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please do not abbreviate)</td>
<td></td>
<td></td>
<td>(office use only)</td>
</tr>
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LOST/STOLEN KEY REPORT
The above key(s) were [ ] lost or [ ] stolen on __________ at/from ____________

Reports of lost/stolen keys are forwarded to:
Depart. Head
Dean of the School 2100
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 ______
BSU FACILITIES OPERATIONS & MAINTENANCE (FO&M)  
Ext: 6-1409    Mail Stop: 1270    Fax No: 6-1892  
KEY TRANSFER FORM  

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

TO:  
(new keyholder)  
(Name)  
new keyholder dept  
(Department)  
phone  
(Extension)  
new keyholder ID  
(Employee/Stdt ID)  

KEY NUMBER(S) TO BE TRANSFERRED:  
(list key number and building/room assigned to that key)  
________________________________  
________________________________  
________________________________  

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: ___Deliver form to Dean's Office___  
Date: ___Sign Here___  

________________________________  
OFFICE USE ONLY  
TRANSACTION COMPLETED BY ____DATE____  

Updated 1/22/14
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.
Boise State University

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.

Revised 11/2013
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: ____________________________
☐ Computer/Email Accounts* ______ Recreation Center
☐ Facility Access* (list specific building/room locations): ____________________________
☐ Temporary Campus Housing
☐ 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