

PLANT SCIENCE KEY ISSUE FORM

Keys requested for (Name): _____

Keys requested by (Your name): _____

UW Appointment: _____

Campus ID Number: (XXX-XXX-XXXX): _____

Telephone: _____

Email Address: _____

Anticipated departure date:
(Students, post-docs, LTEs only)

Supervisor (PI) Name: _____

Date		Keys Issued:		Keys Returned:
Date	Building	Key No.	Room No.	Date
	Horticulture			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List additional keys on the back. A fee of \$75.00 per key will be charged for replacement of a lost key.

Prior to leaving the specific University appointment for which the key(s) was issued, the key(s) must be turned into the department office or the lost key fee must be paid. Failure to turn in the key(s) or pay the fee may result in:

1. Withholding registration, transcripts, certifications and diplomas.
2. Legal action by the University to confiscate the key or recover the fee.
3. Refusal of the University to issue a key(s) to any other University building.

Under UWS 18.06 (12), Wisconsin Administrative Code, it is illegal to duplicate or request the unauthorized duplication of a University key. It is also illegal to transfer, loan, or give a University key to an unauthorized person or to retain a key after the termination of the specific University appointment for which the key was issued. Violation of UWS 18.06 (12) may result in a fine of not more than \$500 or imprisonment of not more than 90 days, or both.

\$25 Deposit per person is required

As of January 1, 2019, faculty, staff, grad students, post docs, visiting scientists, student employees, etc. are required to put down a \$25 cash deposit which will be refunded upon return of key(s).

In receiving the key(s), I agree to use the key(s) in accordance with UWS 18.06 (12) and understand the penalties for improper use or duplication. I understand that the key(s) is issued for my use in my University appointment and that I am required to return the key (s) when that appointment ends.

I have read and understand the above and agree to the terms and conditions set forth for issuance of the key(s).

Your Name: _____

Date: _____

Administrative Approval - Print Name: _____

Date: _____

\$25 Cash Deposit Collected: (Y/N) Amount: _____

Email this form to keys@hort.wisc.edu for processing and to obtain your keys.

Office use only:

Date: _____ Submitted By: _____ Received By: _____ Amount: _____