

Request for Access

There will be a fee of \$20.00 for each Fob and/or Key to be paid by the Applicant to the Faculty of Pharmacy. This fee is refundable when key and/or fob is returned. Appointed staff & Faculty are exempt from access deposits

Requestor:	Last Name:		First Name:	
	Email:		Personal Phone No.:	
Status:	Faculty	Undergrad	Visiting Scientist	Other
	Appointed Staff	Grad/PDF	Summer Student	
Fob Access Requested:				
	Master	Staff & Faculty	Undergrad	Grad
	Perimeter	PTL	PPL	
Key Access Requested:	List room numbers where a key is requested			
Contract End Date:	<i>(applies to Casuals/Temps/Students)</i>			

Current Fob #: ****Leave blank if you DO NOT already have a fob***

EVERY APPLICANT TO REVIEW & SIGN

I will successfully complete all required training courses within 14 days of my start date as per the EHS Training Matrix. I agree to abide by the policies of the University of Toronto, and agree to return the fob and/or keys to Facilities Management as soon as my appointment has ended. I have read and agreed to the Terms & Conditions associated with this access on Page 2.

Signature - Fob Holder	Staff/Student Number	Date
Signature - Supervisor	Date	

Payment Received by	Amount
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Terms & Conditions

Please read, check all boxes, and sign & date below

I agree and acknowledge that:

- All keys and fobs are the property of the University of Toronto, and will be surrendered on the demand of LDFP Facilities Management, my Supervisor, or a University of Toronto Special Constable
- I am responsible for the proper care & use of the key and/or fob
- I will report any lost or stolen keys and/or fobs to Facilities Management immediately
- I will not share, duplicate, or loan any keys, fobs or combinations to any LDFP buildings or spaces
- I will not provide entry to LDFP buildings or facilities to those without authorization to do so
- I will not tamper with or damage any door or lock on any LDFP space
- I will not prop open any designated fire door in any LDFP space
- If I lose or damage a key or fob, my deposit will be surrendered
- At the end of my tenure at LDFP, I will return my keys and/or fob to Facilities Management

Applicant Signature _____

Date _____