

GBHWC KEY REQUEST

Requesting: New Duplicate Replacement Master Other: _____

Reason: Lost Stolen Damaged New Employee Transfer Other: _____

Key for: Office #: _____ Work Area: _____ Other: _____

Requestor's Signature: _____ Title: _____

Printed Name: _____ Date: _____ Time: _____

Supervisor's Signature: _____ Title: _____

Printed Name: _____ Date: _____ Time: _____

FOR USE BY FACILITY OPERATION'S SUPERVISOR ONLY

Request received (date): _____

Request: Approved Not Approved. Reason: _____

Signature: _____ Title: _____

Printed Name: _____ Date: _____ Time: _____

KEY ISSUED

Key for: Office #: _____ Work Area: _____ Other: _____

Receiver's Signature: _____ Title: _____

Printed Name: _____ Date: _____ Time: _____

F.O. Supervisor Signature: _____ Title: _____

Printed Name: _____ Date: _____ Time: _____

KEY RETURNED

Key for: Office #: _____ Work Area: _____ Other: _____

Receiver's Signature: _____ Title: _____

Printed Name: _____ Date: _____ Time: _____

F.O. Supervisor Signature: _____ Title: _____

Printed Name: _____ Date: _____ Time: _____

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER REVIEW AND ENDORSEMENT CERTIFICATION

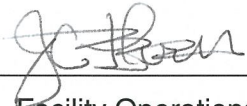
The signatories on this document acknowledge that they have reviewed and approved the following:

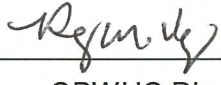
Submitted by: John Flores

Form

Form No.: F-AD-07

Title: Key Request

	Date	Signature
Reviewed/Endorsed	09/17/2014	
Title	Facility Operations Supervisor	

	Date	Signature
Reviewed/Endorsed	09/17/2014 <i>in Ruy</i>	
Title	GBWHC Director	