



**COUNTY OF LOS
OF HEALTH SERVICES**

HIGH DESERT
HEALTH SYSTEM

ANGELES - DEPARTMENT

**Facilities Management Department
Key Request**

Employee Name: _____

Employee Title: _____

Employee Number: _____

Non-County Employee Contract Number: _____

Department Work Location: _____

Department Head Requestor: _____ Contact number: _____

Room Number	Key Number	Description of Key

Noted and Approved:

Department Head / Designee

Date

Chief Executive Officer / Designee

Date