

Student Business Service
Gordon Hall 180
(657) 278-2495

SAFE COMBINATION ACCESS LISTING

Safe Brand: _____ Model/Serial #: _____

Department Name: _____

Location of Safe (Building & Room #): _____

Safe Combination Coordinator: _____

Combination change date: _____

The reason the combination was changed: _____

Safe Combination provided by: _____

(If applicable) Signature Date

Acceptance of Responsibility by: _____

Safe Combination Coordinator Signature Date

Individuals with Access to the Safe

The combination coordinator above must maintain the list of individuals with access to the safe combination. The safe's combination must be changed every three years or whenever an employee leaves the cash handling department, and the list of individuals with knowledge of the safe combination must be noted below and *retained by the Combination Coordinator*.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____