



KEY CONTROL FORM

Date:

Name of Employee

Campus/Department

Title of Employee

Office Phone

Please issue above employee key(s) to the following areas (*include precise building, room numbers*):

Approved:

Signature of Department Head

Title

Key Control Manager

Date

----- Issuance of Keys -----

I acknowledge receipt of the key(s) described above. I understand that all keys are property of the College and it is a violation of College policy to duplicate or to have duplicated any key issued by the College. I further acknowledge responsibility and accountability for this key(s). I will report loss or theft of the key(s) to Campus Police immediately and will return key(s) to my department head at time of separation, termination or retirement from the College. I further agree to remain knowledgeable of and abide by the College's Controlled Access policy while in possession of the key(s).

Employee's Signature

Date

----- Return of Key(s) -----

The above key(s) has been returned to the Key Control Manager.

Signature of Key Control Manager

Date

----- Issuance of Replacement Key(s) -----

The above key(s) have been lost or stolen. Replacement keys have been issued to the employee.

Signature of Employee

Date

Signature of Key Control Manager

Date