Key Holder Checkout

1. By Signing below I agree to the following:

2. I will return the key up my departure of employment or upon request of my supervisor.

3. I will not allow another individual access to my key.

4. I will not duplicate my key.

5. I will notify my supervisor immediately if my key is lost or stolen.

Center: _____ **School Year:** _____

Date Issued	Key #	Employee Signature	Date Returned	Employee Signature

Center Supervisor: _____

G://facilitiescompliancedt/forms/keyholder