



Employee: \_\_\_\_\_ Campus: DOSS CCSD \_\_\_\_\_

Position: \_\_\_\_\_ Full Time or Part time: \_\_\_\_\_

Supervisor: Pam Seipp, Administrative Consultant \_\_\_\_\_ Date Issued: \_\_\_\_\_

Type of security key Issued: \_\_\_\_KEY (All Buildings) \_\_\_\_KEY FOB (Main Building) \_\_\_\_SECURITY CODE (Main Building)

KEY FOB #: 95,308 \_\_\_\_\_ Door Security Code: \_\_\_\_\_

A key, key fob, and security code will be issued to all full time staff for entry. A key, and security code will be issued to all part time staff for entry. A key fob and/or key will be issued to any contracted staff (including substitute teachers) for temporary use. The key, key fob, and security code assigned to you is for your use only. Use of the key, key fob, and security code is the sole responsibility of the employee and not subject for loan to a third party. If you lose or suspect your key fob has been stolen, please contact the office immediately. Do not lend your fob or your security code to anyone. Misuse of your key fob and/or security code may result in disciplinary action. An administrative fee will be assessed for any lost or stolen keys.

1. **I understand** that duplicating keys is unlawful therefore prohibited.
2. **I understand** that the key, key fob and/or security code may **not** be loaned or handed over in any way to anyone other than the person signing this form.
3. **I understand** I must notify my supervisor immediately verbally and then follow up in writing within 72 hours if my keys are lost or stolen.
4. **I understand** that there will be an administrative fee for lost or stolen keys and/or key fobs.
5. **I understand** that if my lost or stolen key is a master or sub-master I may be responsible for the expense of re-keying the affected area.
6. **I understand** unused, non-working keys, or keys from terminating employees must be returned to the Doss CCSD Office.
7. **I understand** that requests for additional keys, key fobs, and security codes must be made in writing to your supervisor for approval/disapproval.

Employee signature below confirms that the employee has received the key, key fob, and/or security code listed above and they are responsible for returning these keys upon separation of employment or at any time the employer requests. Lost or misplaced keys are to be reported to your supervisor immediately.

	Key Fob	Key	Security Code	Date Issued	Date Returned/ Initial
Quantity					
Quantity					
Quantity					

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_