

KEY RETURN

Instructions

Please complete this form, then print and submit to **Facilities Services**, with key(s), then sign.

Employee Information		
Name	Employee ID	Date (mm/dd/yyyy)
Department	Campus Site	Telephone
Responsibilities/Contract		
1. Keys must be turned in by the key holder except in case of emergency; the department Dean then has the authority to return keys. 2. Upon signing this contract, the key holder relinquishes their responsibility for the security of the key(s) and room(s). 3. The key holder will be subject to a \$50.00 replacement cost for each lost or stolen key.		
Signature		
Recipient's Signature		Date

Facilities Use Only

Key Number	Building/Room Number	Return Date

Technician Signature: _____ Date: _____