

RSS KEY REQUEST FORM

Requested by: _____ Reason Needed: _____

Building: _____ Department: _____ Date: _____

Signature: _____ Building/Dept. Administrator

OFFICE USE ONLY:

KEY CODE: _____ CUT BY: _____ DATE: _____

SIGNATURE: _____

KEY RECEIPT AND AGREEMENT

ISSUED TO: _____ BUILDING: _____

DEPARTMENT/SCHOOL: _____ SCHOOL YEAR: _____

KEY CODE: _____ KEY CODE: _____

I accept the above key(s) with the following understanding: The key(s) is the property of the Rowan-Salisbury School System and is on loan to me. Use of this/these key(s) is a revocable privilege granted to me for the intended purpose for my personal use in the performance of my assigned job duties. By accepting the identified key(s), I hereby agree to the current Rowan-Salisbury Board of Education policies on equipment, including keys. I further agree to return it to the issuing office upon demand or when my need for said key(s) no longer exists. I understand that any violation of this agreement may result in disciplinary action.

1. In the event that my key(s) are lost, I authorize the payroll department to deduct a fee / charge of \$15.00 per key from my payroll check.
2. It is my full responsibility to return the property to my immediate supervisor or designee in the event that I leave the Rowan-Salisbury School System's employment. Should I fail to return the appropriate key(s) to my supervisor, Rowan-Salisbury School System may charge \$15.00 for each replacement key by payroll deduction from my final paycheck.

My signature below indicates that I have fully read and understand this agreement. My signature authorizes the Rowan-Salisbury payroll department to charge a fee for lost keys by way of payroll deduction.

SIGNATURE: _____ DATE: _____

APPROVED BY: _____ BUILDING /DEPT. ADMINISTRATOR

KEY RETURN ONLY

KEY CODE: _____ DATE RETURNED: _____

KEY CODE: _____ DATE RETURNED: _____

SIGNATURE: _____ BUILDING / DEPT. ADMINISTRATOR