



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 | | |
| <ol style="list-style-type: none"> Keys must be turned in by the key holder except in case of emergency; the department Dean then has the authority to return keys. Upon signing this contract, the key holder relinquishes their responsibility for the security of the key(s) and room(s). 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: _____