

KEY REQUEST FORM

Kirkwood School District

Please submit a work order requesting the key(s) desired and provide the following information to help us evaluate the need for and keep track of keys that operate our locks: Work Order Number: _____

Today's Date: _____

How many keys are needed? _____

Printed/Typed name of person to receive the key(s): _____

Position/title of person receiving the key(s): _____

Facility where person receiving the key(s) works: _____

(If more than one or not an employee explain in "Remarks" section below)

List the room(s), door(s) or lock(s) a key are is needed for: _____

Remarks: _____

KEY REQUEST REVIEW

1. Immediate Supervisor of person to receive key(s): _____

Approve / Disapprove (circle one)

(Signature)

2. Building/School Administrator: _____

Approve / Disapprove (circle one)

(Signature)

3. Director of Facilities: _____

Approve / Disapprove (circle one)

(Signature)

4. Director of Safety & Security: _____

Approve / Disapprove (circle one)

(Signature)

5. Assistant Superintendent of Finance & Operations: _____

Approve / Disapprove (circle one)

(Signature)

KEY RECEIPT ACKNOWLEDGEMENT

Key markings & number of each key provided: (To be filled out by Facilities Dept.): _____

I acknowledge receipt of the key(s) indicated above and understand I am responsible for using reasonable care to avoid losing the key(s). I will report a lost or misplaced key(s) to my supervisor immediately. I am not to loan the key(s) to others and must return it upon request of any of the above indicated persons or if the reason for which I received the key(s) is no longer valid.

Signature: _____, Date: _____

KEY RETURN ACKNOWLEDGEMENT

The above referenced key(s) were returned to me and will be returned to the Facilities Department:

Signature: _____, Date: _____

Printed/Typed Name: _____