



# CLAYTON COUNTY PUBLIC SCHOOLS

Facilities Services Department  
218 Stockbridge Road, Jonesboro, GA 30236  
(770) 473-2825, Fax (770) 473-2848

Dr. Anthony W. Smith  
Superintendent of Schools

## Key Receipt Form

Location/School: \_\_\_\_\_ Employee # \_\_\_\_\_  
(Six-digit number)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(PLEASE PRINT) (PLEASE PRINT)

Please list all the numbers of keys you have been assigned:

Grand Master Key: \_\_\_\_\_ Custodial Master Key: \_\_\_\_\_

Change Key: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### **I acknowledge:**

- I am responsible for all key(s) issued to me and for any replacement costs due to loss, theft, or negligence
- All authorized facility keys are exclusively issued by CCPS Facilities Services Department and possession of an unauthorized key may result in my being liable for facility rekeying costs
- I will not loan or allow anyone to use my key(s) at any time for any reason
- Broken or damaged keys will be replaced at no charge upon return of the broken/damaged key(s)
- In the event that my key(s) is/are misplaced, lost, or stolen, I will immediately notify the local law enforcement agency or CCPS Safety and Security Department at 770-473-2723 and obtain a police report-I will then notify my supervisor and I will bring the police report and this form to CCPS Facilities Services with replacement fee
- Key replacement fees:
  1. **\$25 for EACH change key (regular door/room key in assigned area)**
  2. **\$100 for a custodial master key**
  3. **\$150 for a grand master key (issued to only principals, assistant principals, or other authorized district personnel)**
- Checks and money orders made payable to "Clayton County Public Schools" are the **ONLY** acceptable forms of payment-I will bring this form, payment, and police report in person to Facilities Services at 218 Stockbridge Rd., Jonesboro, GA
- I will return all keys assigned to me to my supervisor or CCPS Facilities Services Department immediately when directed by district authorities or upon termination of my employment with CCPS

**I have read and agree to the above stipulations. I agree to cooperate fully with any investigation(s) in reference to lost or stolen keys.**

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

Administrator Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(PLEASE PRINT)

### **OFFICE USE ONLY:**

Received by and date: \_\_\_\_\_ Receipt # and amount: \_\_\_\_\_