

DISTRICT-ASSIGNED KEY

ACCESS CONTROL AGREEMENT

1 EMPLOYEE INFORMATION Complete all fields

Campus Key Administrator	
Employee Name	
Employee ID Number	
Job Title	
Campus / Department	

2 KEY / ACCESS DETAILS

Key Serial / Control Number	
Building / Room(s) Accessed	
Date Issued	Month _____ Day _____ Year 20_____

3 TERMS AND CONDITIONS OF ISSUANCE

By signing this agreement, the employee acknowledges receipt of the designated district key and accepts the following mandatory security and responsibility terms.

1	Ownership: All keys remain the sole property of Anna Independent School District.
2	Security & Custody: The employee is personally responsible for the safekeeping of this key at all times. The key must remain in the employee's physical possession or secure storage.
3	No Duplication: Duplication of Anna ISD keys by any unauthorized outside vendor or employee is strictly prohibited under district policy and state law.
4	No Transfer: Employees must not loan, transfer, or surrender this key to any student, parent, colleague, or unauthorized individual.
5	Loss Reporting: The employee must immediately report a lost, stolen, or damaged key to their campus principal, department supervisor, and the Anna ISD Facilities/Operations Department.
6	Replacement Fees: Employees may be held financially liable for the cost of replacement keys. If a lost key compromises building security, the employee may be responsible for the cost of re-keying the affected areas.
7	Key Return: This key must be surrendered immediately upon request by administration, transfer to a different campus, or separation of employment from Anna ISD. Final paychecks or exit processing may be delayed until all district property is returned.

4 EMPLOYEE ACKNOWLEDGMENT & SIGNATURE

I have read, understand, and agree to abide by all terms and conditions outlined in this Anna ISD Key Control Agreement.

Employee Signature

Date

5 INTERNAL OFFICE USE ONLY District staff completion

Issued By (Name & Title)

Issuing Signature

Date Issued

Month _____ Day _____ Year 20_____

Date Key Returned

Month _____ Day _____ Year 20_____

Received By (Name & Title)

Receiving Signature

RETURN STATUS

☐ Returned in good condition

☐ Damaged

☐ Lost / Not returned

ADMINISTRATIVE NOTES