



Clayton County Public Schools

Facilities Services Department

218 Stockbridge Road • Jonesboro, Georgia 30236

Phone: (770) 473-2825 • Fax: (770) 473-2848

DR. DOUGLAS HENDRIX SR.
Superintendent/CEO of Schools

WILLIAM "ED" BLACKWOOD
Director, Facilities Services

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 regular door key (\$100 for EACH Everest 29 Schlage regular door key)
2. \$100 for EACH custodial master key (\$300 for EACH Everest 29 Schlage custodial master key)
3. \$150 for EACH grand master key issued to authorized district personnel (\$500 for EACH Everest 29 Schlage grand master key, \$800 for EACH Everest 29 Schlage great grand master key)

• 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: _____