

KEY LIABILITY FORM

KEY CODE	NUMBER OF KEYS ISSUED	DATE RECIEVED	EMPLOYEE INITIALS	DATE RETURNED

I, the undersigned, acknowledge receipt of the keys designated above. I also agree not to loan, transfer, give possession of misuse, modify or alter the above keys. I further agree not to cause, allow or contribute to the making of any unauthorized copies of the above keys. I also understand that it is my responsibility to return all keys issued to me, to my departmental Key Coordinator.

I understand and agree that violation of this agreement or loss of the keys designated above due to my negligence, may result in disciplinary action and may render me responsible for the expenses of a rekey for the affected areas.

Printed Name_____

Signature_____

Date_____