


SWEETWATER
 UNION HIGH SCHOOL DISTRICT
KEY STATUS FORM REQUEST / RETURN

Last Name	First Name	Middle Initial
Email Address	Department / Site	Contact Number

Position Status:

- | | | | | |
|------------------------------------|----------------------------------|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Faculty | <input type="checkbox"/> Teaching Assistant | <input type="checkbox"/> Contractor | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Staff | <input type="checkbox"/> Board Member | <input type="checkbox"/> Other | <input type="checkbox"/> Visitor |

CARD ACCESS:

Location	Start Date:	End Date:	Authorized Hours

LOCATION(S) – For Keys To Access Areas	Key ID	Issue No#	Hook No#	Returned Date
BLDG & Room				
BLDG & Room				
BLDG & Room				
BLDG & Room				
Property Number				
Property Number				

KEY REQUEST MUST HAVE DEPARTMENTAL APPROVAL
PRINCIPAL OR SUPERVISOR:

DATE: 10/12/2010

PRINT NAME: _____

SIGNATURE: _____

MAINTENANCE DEPARTMENT USE ONLY

APPROVED DENIED DATE: _____ Signature: _____

NOTICE – Read Carefully

All keys issued by this Site or District remain the property of Sweetwater Union High School District.

Key; Cards; Fobs are subject to the current approved “KEY ISSUE POLICY & PROCEDURES”

1. Keys are issued ONLY to the end – user.
2. Keys are not to be duplicated.
3. Keys are not to be used by or transferred to others.
4. Fees will be assessed for lost and/or unreturned keys.

I have read and agree to the above stated terms conditions. I realize that I am to maintain control of all keys and cards / fobs issued tome, and that they will remain in my possession until they are returned to site or District Lock Shop.

Date: _____ Signature: _____

DO NOT SIGN UNTIL YOU HAVE READ AND RECEIVED YOUR KEYS