



Key and Card Key Checkout - Staff

Name: _____

assumes responsibility for the area of _____

Time of Entrance and Exit to Bldg.: IN _____ OUT _____

Date: _____ Date Key to be Returned: _____

Keys: _____

Bldg: Main _____ FLC _____

Reason For Key: _____

Key Recipient Signature: _____

Approved by: _____

This key is issued to you for your use only as a staff member. This form to be returned to Building Manager for issuance of keys. Please respect the privacy of others and do not abuse this privilege by opening areas not designated to your group. Please lock any door you open when you leave.