

# SOUTHFIELD PUBLIC SCHOOLS KEY AND FOB REQUEST FORM



Name (Print)

Employee ID#

Position

Location

Reason for Key/FOB Replacement

Name of Person Assigned Key Previously

Key Number, Room Number, Area, etc.

You are required to return your keys and access card/FOB when you cease being an employee of Southfield Public Schools **OR** you change positions within the District.

The keys and access card are the property of the District. You may not give or lend your keys or access card/FOB to anyone else. Please exercise care to avoid misplacing or damaging the assigned keys.

The cost to replace any lost key and access card/FOB will be \$20 each and is not refundable.

I confirm I have received this/these key(s) and/or FOB(s) and agree to these conditions.

Sign Here:

Date

Building Principal/Supervisor

Date

PLEASE RETURN THIS COMPLETED FORM VIA INTER-SCHOOL MAIL TO FACILITIES AND CUSTODIAL SERVICES OR EMAIL TO DENISE.HUTCHINSON@SOUTHFIELDK12.ORG. PLEASE KEEP A COPY FOR YOUR RECORDS.

ISSUE AUTHORIZATION

Date