

Facilities VENDOR/CONTRACTOR KEY CHECK-OUT FORM

	N/	AME		COMPANY NAME			COMPANY ADDRESS			
TITLE				PHONE				ALTERNATE PHONE		
CAMPUS	BLDG. NO.	ROOM DOOR	KEY SYMBOL	DATE OUT	KEY NO.	DATE RETURNED	STAFF INITIALS	DESCRIPTION (e.g. areas/times of access for "electronic access" cards, etc.)		
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Company Rep. & Supervisor (Print) Signature Date (Signature that company rep is employed as stated company and is approved to receive keys.)										
District director of Facilities signature Date										
(Acknowledging receipt and production of key/authorizing for Facilities controlled areas.)										
KEY AGREEMENT										
				safety, ensui	ring building	g security and		ng potential for loss or theft of		
property. As such, I agree to use assigned keys for official Community Colleges of Spokane (CCS) purposes only. I agree to maintain assigned keys in a secure and responsible manner. I will not allow an unauthorized person to use keys assigned to me. I understand that										
violations of this agreement or administrative procedure 2.30.05-N will be considered cause for disciplinary action under the applicable										
collective bargaining agreement or WAC 357. I understand that any loss or failure to return an assigned key may make my work unit subject to costs of key replacement and/or rekeying. I agree that upon employment separation, I will return to CCS all keys that have										
been issued to me. If I fail to return an assigned key, I understand that a \$50 irretrievable key fee per key may be withheld from my final										
paycheck or	r leave cash-c	out.								
Company Rep. (Print)					Signature			Date		
(Signature indicates that I understand and I am in agreement with the above directives.)										
100	PLIED DV			DED AREAS		CILITIES US	SE ONLY			
100	SUED BY		DATE	E INITIATED						
☐ Vendor/	/Contractor		☐ Car	oital Project (Contracto	r: Project #				
*Must be renewed annually.										

CCS 1442 (09/11) Marketing and Public Relations