

## Facilities and Capital VENDOR/CONTRACTOR KEY CHECK-OUT FORM

NAME				COMPANY NAME			COMP	COMPANY ADDRESS		
TITLE				PHONE			ALTE	ALTERNATE PHONE		
····EE				THONE			, . <u></u>	, L. L. HONE		
CAMPUS	BLDG. NO.	ROOM DOOR	KEY SYMBOL	KEY NO.	DATE OUT	SIGNATURE OF REC	IGNATURE OF RECEIVING EMPLOYEE		STAFF INITIALS	
			-		-					
				<del> </del>	<del>                                     </del>					
				<u> </u>	<u> </u>					
	_	 								
		<del></del>								
			-		+					
				<del>                                     </del>	<u> </u>					
		ļ	<u> </u>	<u> </u>	<u> </u>					
		 			<u> </u>					
		<del></del>								
				-		1				
		<del> </del>	-	<u> </u>	<u> </u>	<u> </u>				
Authorized (				O: t				<b>.</b> .		
Representative (Print) Signature (Signature indicates that company rep is employed at stated company and is approved to sign for the company.)								Date		
District direct	ctor of Facilitie	es signature						Date		
(Acknowledging receipt and production of key/authorizing for Facilities controlled areas.)										
KEY AGREEMENT										
I understand that key control is a matter of workplace safety, ensuring building security and minimizing 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										
	leave cash-c		, .			,	- r - , ,		,	
Company Au Employee (F				Signature	2			Date		
Employee (Print) Signature Date (Signature indicates that I understand and I am in agreement with the above directives.)										
100	LIED DV					CILITIES USE O	NLY			
155	SUED BY		DATE	E INITIATED	,					
☐ Vendor/Contractor ☐ Capital Project Contractor: Project #										
*Must be renewed annually.  Date coverage effective through.										

\*Form ccs 1442 must be accompanied by Form ccs 1437.

CCS 1442 (01/17) Marketing and Public Relations