Community Colleges of Spokane

CCS Facilities
KEY CHECK-OUT

NAME	CAMPUS	EMPLOYEE/STUDENT SID NO.	DATE
TITLE	**PHONE**	**DEPARTMENT**	**MAIL STOP**

CAMPUS	BLDG. NO.	ROOM DOOR	KEY SYMBOL	KEY NO.	DATE RETURNED	STAFF INITIALS	DESCRIPTION (e.g. areas/times of access for "electronic access" cards, etc.)

Supervisor's signature _____ Date _____

(Refer to CCS district key control administrative procedure for administrative responsibility.)

Administrator's signature _____ Date _____

(Required for any key other than furniture and utility keys. See definitions in above procedure.)

Appointing authority's signature _____ Date _____

(Per Board Policy 2.10.01, appointing authority is college president, IEL CEO or chancellor as appropriate.)

District director of facilities 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 paycheck or leave cash-out.

Signature of key holder _____ Date _____

(Signature indicates that I understand and I am in agreement with the above directives.)

SHADED AREAS FOR FACILITIES USE ONLY			
ISSUED BY	DATE ISSUED		
☐ CCS Employee		☐ Vendor/Contractor	