

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



CCS Facilities TEMPORARY KEY CHECK-OUT

NAME	CAMPUS		DATE
TITLE	PHONE	DEPARTMENT	MAIL STOP
DESCRIPTION (e.g., areas/times of access for "electronic access" cards, keys, etc.)			

Supervisor's signature _____ Date _____
(First level of approval for administrator's review)

Administrator's signature¹ _____ Date _____
(Approval for change, furniture and utility keys and first level for master keys)

District director of facilities _____ Date _____
(Approval for GGM, campus, mechanical and perimeter master keys)

Executive's signature _____ Date _____
President, IEL executive vice president, chancellor/CEO (Final level of approval for master keys)

KEY AGREEMENT

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. Violations will be addressed under Master Contract Article X—Remediation and Disciplinary Action, WAC 251-11—Discipline, and Board Policy 2.40.04 as applicable. I understand that any loss or failure to return an assigned key may make my college 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 agree to have a \$50 irretrievable key fee per key withheld from my final paycheck or leave cash-out.

Signature of key holder _____ Date _____
(Acknowledgement of Key Agreement and receipt of key(s))

¹Refer to the CCS District Key Control Administrative Procedure for administrative responsibility.

