

Board Policy

Code No. 804.6E1

KEY/FOB CHECKOUT FORM

Name _____ Address _____

Key or fob identification _____

Date issued _____ Phone _____

*Sanctioned body certificate # _____ Expiration Date _____

Name of person issuing key or fob _____

Name of person key or fob was returned to _____

Date returned _____

I, the undersigned, hereby acknowledge receipt of the key/s fob described above. I promise and agree not to have the key/s-fob duplicated or transferred to another person and return it/them to the issuing administrator's office upon demand or when my need for them no longer exists or I end my employment for the district. In the event that my key/s-fob are lost or stolen, I acknowledge that I may be subject to disciplinary action that will include a minimum payment to the district of \$25.00 per key or fob for the cost relating to the reestablishment of securing my classroom and/or building areas.

An inventory of keys and fobs will be conducted on a yearly basis. The keys or fobs must be physically produced when requested to do so.

Signed _____ Date _____

Return to building principal; to be kept on file until the end of the season.

*Evidence of a background check by an approved sanctioning body or a Board of Educational Examiners folder number is required before being issued a key fob.

Approved: March 6, 2000

Reapproved: March 18, 2002
January 10, 2005
March 3, 2008

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