



Monroe 2 - Orleans Board of Cooperative Educational Services

KEY REQUEST, TRANSFER, OR RETURN

This form is to request keys to be used in secured areas and/or to return keys to O&M. Please fill in all the necessary information and obtain the appropriate signatures. If returning a key, please call O&M to arrange for key pick-up. Employees are responsible for all keys issued to them.

Please print legibly. All information must be filled in completely.

Name: _____ Department _____
Title: _____ Phone: _____ Date: _____
Building: _____ Room/Office Location _____ (Required)
(Please use room # if available)

KEY REQUEST:

Are you a new employee? _____ YES _____ NO
Is this a replacement key? _____ YES _____ NO
If so, was your key _____ Lost _____ Broken

TRANSFER OF KEYS:

Key number(s) _____
Previously Issued to _____
Date key(s) transferred to employee _____

RETURN OF KEYS:

Key number(s) _____
Date key(s) returned to O&M _____
O&M signature _____

AUTHORIZATION SIGNATURES:

Employee's Signature (for receipt of key(s) only) _____ Date _____
Supervisor Signature _____ Date _____
Cabinet Signature _____ Date _____
O&M Management Signature _____ Date _____
*District Superintendent Signature _____ Date _____

**Only necessary when requesting master-level keys*