KEY CHECK-OUT FORM

SCHOOL/DEPARTMENT	DESIGNATED AUTHORITY	KEY COORDINATOR

STAFF NAME	AREA ACCESSIBLE	KEY NUMBER	DATE OUT	STAFF SIGNATURE	DATE RETURNED	KEY COORDINATOR INITIALS	NOTES

KEY AGREEMENT

I understand that key and access card 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 and/or access cards for official Portland Public Schools (PPS) purposes only. I agree to maintain assigned keys and/or access cards in a secure and responsible manner. I will not allow an unauthorized person to use keys and/or access cards assigned to me. I agree that upon employment separation, I will return to PPS all keys that have been issued to me.