

EMPLOYEE KEY ISSUE FORM

Company Name: _____

Employee Information:

Full Name: _____

Employee ID: _____

Department: _____

Position/Title: _____

Key Information:

Key Number/ID: _____

Key Description: _____

Access Areas: _____

Issue Details:

Issue Reason: _____

Issued By (Name & Signature): _____

Employee Signature: _____

Acknowledgement and Agreement:

I acknowledge receipt of the key described above, which is the property of the Company. I agree to use the key solely for authorized purposes and will not duplicate, loan, or transfer it to any unauthorized person. I understand that loss, theft, or damage of the key must be reported immediately to management. Failure to comply with these terms may result in disciplinary action, including termination of employment, and I accept full responsibility for any loss or damage resulting from misuse of the key.

Key Return:

Upon termination of employment or upon request by the Company, I agree to return the key immediately. Failure to return the key may result in charges to cover costs of rekeying or replacement of security devices. The Company reserves the right to take legal action to recover any losses or damages arising from failure to return keys.

Company Use Only:

Date of Issue: _____

Date of Return: _____

Condition Upon Return: _____

Received By (Name & Signature): _____

ISSUED BY (PRINT NAME)

ISSUED BY (SIGNATURE)

EMPLOYEE (PRINT NAME)

EMPLOYEE (SIGNATURE)

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