

## **KEY CHECK-OUT FORM**

SCHOOL/DEPARTMENT			DESIGNATED AUTHORITY			KEY COORDINATOR	
STAFF NAME	AREA ACCESSIBLE	KEY NUMBER	DATE OUT	STAFF SIGNATURE	DATE RETURNED	KEY COORDINA TOR INITIALS	NOTES
I	1	I	I	I	I		I

## **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.