Business

Key Request and Agreement Form Mendocino County Office of Education

Employee to whom key(s) will be assigned						
Individual submitting this form			Date			
Key(s) for building(s)						
Original issue Replacement of lost key (attach payment) Replacement of broken key (attach broken key)						
Key	is for: Permanent Temp	orary Assignment	Date due back (if temporary)			
Ag	reement - The undersigned Employee	igree to the follow	ing:			
	. I will not duplicate the key(s) under penalty of California Penal Code Section 469, which states, "Any person who knowingly makes, duplicates, causes to be duplicated, or uses, or has in his possession any key to a building or other area owned or operated by a public school district without authorization from the person in charge of such building or area or their designated representative, and with knowledge of the lack of such authorization, is guilty of a misdemeanor."					
2.	I will not loan the key(s) to anyone.					
	I will return the key(s) to the Human Resources Department when my employment terminates, or upon request of the County Office.					
	. I understand that the first time I lose a key or keys, I will <i>not</i> be charged for replacement. However , if I lose a key or keys after that, I will be subject to replacement charges of up to \$500 for each loss.					
5.	. I understand that the key(s) shall be used for County Office purposes only.					
6.	I understand violations of any of the abov	e may lead to disci	plinary action by the County Office.			
Employee Date			Date			
REVIEW AND APPROVAL SIGNATURES:						
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Dep	artment Director/Manager		Date			

Cabinet Member		Date	2
M&O Office Use:			
Key Number(s)	Yes or No D Building With Security Alarm		Date received by employee
M&O Initials	Comments		