



## EMPLOYEE CHECK OUT FORM

Employee ID # \_\_\_\_\_ Name: \_\_\_\_\_

School/Site: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Key Id #	Description (room, bldg, etc)	Date Issued	Date Returned	Notes

### PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING:

Your signature below signifies that you understand and accept the following terms and conditions.

1. Key(s) are **not** to be duplicated in any way.
2. Keys are **not** to be loaned or given to personnel other than the authorized signature on this form.
3. Key(s) are to be **returned in person** to your supervisor upon leaving the Districts employment, or accepted by an authorized representative of Everett Public Schools.  
**KEYS ARE NOT TO BE MAILED.**
4. You are responsible for the security of the above listed key(s) at all times. If the key(s) are lost or stolen, you may be responsible for the cost for re-keying of the affected facility and/or facilities.

I, \_\_\_\_\_, have read the above terms and conditions for Everett Public Schools key(s) and do hereby agree to them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_