



LOST KEY FORM

DATE: _____

EMPLOYEE NAME: _____

SITE: _____

DATE key lost: _____

CIRCUMSTANCES SURROUNDING LOSS (Include where you may have lost them):

Was anything attached to the keys that would link them to you or ASD?: YES ___ NO ___

Physical description of key chain/ring: _____

	Building	Room #	Key #	Quantity
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Charges for lost or stolen keys will be made to the staff member to whom the key(s) has been issued, in the following amounts:

- a. Room or other keys - (\$10)
- b. Master key - (\$45)
- c. Maximum charge (\$60)

Fee Charges: _____ Account Code: _____

I authorize the Ashland School District to deduct the fee from my paycheck to cover the cost of the lost/stolen key(s).

Employee Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Facilities Dept. Signature: _____ Date: _____