



LeRoy Knights

**KEY
REQUEST, TRANSFER, OR
RETURN**

This form is to request, return, or transfer keys used in secured LeRoy CSD areas. Please fill in all the necessary information and obtain the appropriate signatures. If returning a key, please call B&G to arrange for key drop off or pick-up.
EMPLOYEES are responsible for all keys issued to them.

Please print legibly. All information must be filled in completely.

Name: _____ Department: _____
Title/Position: _____ Phone: _____ Date: _____
Building: _____ Room/Office Location/#: _____ (Required)

KEY REQUEST:

Are you a new employee? _____ YES _____ NO
Is this a replacement key? _____ YES _____ NO
If so, was your key? _____ LOST _____ Broken

TRANSFER OF KEYS:

Key number(s): _____
Previously Issued to: _____
Date key(s) transferred to employee: _____

RETURN OF KEYS:

Key number(s): _____
Date key(s) returned to B&G: _____
B&G signature: _____

AUTHORIZATION SIGNATURES:

Supervisor / Principal Signature: _____ Date: _____
B&G Management Signature: _____ Date: _____
** Superintendent Signature: _____ Date: _____
*** Only necessary when requesting master -level keys.*

RECEIPT / SURRENDER SIGNATURES:

Employee's Signature (for receipt of key(s) only): _____ Date: _____
Employee / Administrator Signature (for surrender of keys only): _____ Date: _____