

KEYCARD REQUEST FORM

____ New employee

____ Replacement/ Broke

____ Replacement/ Lost or Stolen

No Charge- send back old card

\$5

EMPLOYEES NAME: _____

BUILDING: _____

JOB POSITION: _____

- I understand that if my card is lost or stolen that I need to contact my school office or personnel immediately.
- I understand that there will be a \$5.00 replacement fee for lost cards.

EMPLOYEE SIGNATURE: _____

OFFICE USE ONLY: _____

CARD NUMBER ISSUED: _____

DATE ISSUED: _____

PAID \$ _____

Please send form to:

Patty Parker
Human Resources

