

# 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:

Zoe Maines  
Human Resources

856.327.6055

