

SOUTHERN REGIONAL TECHNICAL COLLEGE

Key Control Form

KEY ID (ROOM#) _____

KEY (S) _____

REQUESTED FOR: _____

JOB DUTY _____

REQUEST JUSTIFICATION:

THE KEY SHOULD BE RETURNED (WHEN): upon last day of employment.

SUPERVISOR APPROVAL _____ DATE _____

ADMIN APPROVAL _____ DATE _____

KEY CHECKED OUT

I understand that I am responsible for returning this key upon leaving employment or as requested by administration. If I lose this key I will report it immediately.

RECEIVED

BY _____

DATE _____

KEY RETURNED

BY _____

DATE _____