

KEY ASSIGNMENT FORM

I, _____, do hereby acknowledge receipt of a key(s) to LSU Health Sciences Center, Health Care Services Division.

I do understand that I am responsible for the key(s).

The key(s) is not to be loaned out or duplicated. Doing so will result in disciplinary action being taken against me.

If this key is lost or stolen, I will report the loss/theft to my supervisor using the Management Notification Form.

I also understand that upon termination of my employment with this agency, I am responsible for returning the key(s) to my immediate supervisor.

Signed: _____
Employee

Date: _____

Signed: _____
Supervisor

Date: _____

NOTE: This form should be prepared in triplicate, with one signed copy to be given immediately to the employee, one copy retained by the supervisor, and the original forwarded to the Human Resources Division.