



Clayton County Public Schools

Office of the Deputy Superintendent

1058 Fifth Avenue • Jonesboro, Georgia 30236 • (770) 473-2700

DR. MORCEASE J. BEASLEY
Superintendent of Schools

DR. ANTHONY W. SMITH
Deputy Superintendent

Maintenance Department Facilities Key Receipt Form

Location/School: _____ Employee # _____
(Six digit number)

First Name: _____ (please print)

Last Name: _____ (please print)

Please list all the key numbers you have been assigned.

Grand Master Key: # _____ Custodial Master Key: # _____

Change Key: # _____, # _____, # _____, # _____, # _____, # _____

I acknowledge:

- I am responsible for all key(s) issued to me and for any replacement costs due to loss, theft, or negligence.
- All authorized facility keys are exclusively issued by CCPS Maintenance Department and possession of an unauthorized key may result in my being liable for facility rekeying costs.
- I will not loan or allow anyone to use my key(s) at any time for any reason.
- In the event that my key(s) is/are misplaced, lost, or stolen, I will immediately notify the local law enforcement agency or CCPS Safety and Security Department at 770-473-2723 to obtain a police report. I will then notify my supervisor and I will bring the police report and this form to CCPS Maintenance Department.
- Broken or damaged keys will be replaced at no charge upon return of the broken/damaged key(s).
- Cost for a replacement key is based on a graduated fee scale.
 1. **\$25 for each change key (regular door/room key in assigned area)**
 2. **\$100 for a custodial master key**
 3. **\$150 for a grand master key (issued to only principals, assistant principals, or other authorized district personnel)**
- Checks and money orders made payable to "Clayton County Public Schools" at "1058 Fifth Avenue, Jonesboro, GA" are the **only** acceptable forms of payment.
- All keys must be returned to my supervisor or CCPS Maintenance Department **immediately** when directed by district authorities or upon termination of my employment with CCPS.

I have read and agree to the above terms and conditions. I agree to cooperate fully with any investigation(s) in reference to lost or stolen keys.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Name _____
(PLEASE PRINT)

OFFICE USE ONLY:

Received by and date: _____ Receipt # and amount: _____

Revised 2/2019