



# Clayton County Public Schools

Division of Administrative Services  
& Strategic Improvement

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

**DR. ANTHONY W. SMITH**  
Superintendent/CEO of Schools

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Deputy Superintendent of Administrative Services  
& Strategic Improvement

## Facilities Services Department 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 Facilities Services 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 Facilities Services.
- 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 Facilities Services 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 11/2023