

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Check One:  Permanent  Seasonal  TAP  Volunteer

### Key Issue Form



**INSTRUCTIONS:**

Supervisors may keep original or copy list in their employee file.

Send a copy or list to Park Headquarters HR Office. FAX 951/955-6671 or scan OK.

SAMPLE:

<i>WORK LOCATION</i>	<i>ACCESSES</i>	<i>KEY BRAND</i>	<i>KEY STYLE or MARKINGS</i>	<i>DATE ASSIGNED &amp; ISSUER'S INITIALS</i>	<i>DATE RETURNED &amp; INITIALS RETURNED TO</i>
<i>HDQ</i>	<i>2<sup>ND</sup> floor supply closet-Bldg A</i>	<i>Best</i>	<i>KW1</i>	<i>6/20/16 ln</i>	

<i>WORK LOCATION</i>	<i>ACCESSES (be specific)</i>	<i>KEY BRAND</i>	<i>KEY STYLE or MARKINGS</i>	<i>DATE ASSIGNED &amp; ISSUER'S INITIALS</i>	<i>DATE RETURNED &amp; INITIALS RETURNED TO</i>

*The employee acknowledges receipt of listed keys, and the responsibility to report lost or stolen keys. Keys are not to be given to any other employee without supervisor's permission and written notification to the key custodian at park headquarters.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

