

KEY ASSIGNMENT FORM

Rev. 2/2024

EMPLOYEE NAME: _____ **P#** _____ **DATE:** _____

OFFICE: _____ **SUPERVISOR:** _____

My signature on this form acknowledges that I have in my possession the key(s) identified below. I acknowledge:

- 1. That this key is assigned only to me and that for security reasons I am not to duplicate the key nor give it to any other person;
- 2. That I am required to report to the DENR Safety Coordinator (Human Resources) the return of any key by me to my supervisor or the issuance of any new key to me;
- 3. If any key issued to me is lost or stolen, I am required to report the loss/theft to my supervisor immediately or, if outside of normal business hours, at the commencement of the next business day; and
- 4. That I am required to return all keys issued to me to my immediate supervisor when I separate from employment with DENR for any reason.

KEY #	ROOM / CABINET #	FLOOR

(Use additional sheets if necessary)

Employee signature: _____

Key Returned:

Date: _____ Received By: _____

Form Routing: Execute and make two copies when key is issued. Original is for key control person in section, one for employee and one for DENR Safety Coordinator (Human Resources). When key is returned, complete the bottom portion of the original form and send a copy DENR Safety Coordinator (Human Resources).