KEY CHECK-OUT AUTHORIZATION FORM

Date		
Employee Name:	Last	First
Employee Status:	(Full-time instructor; adjunct otherDO NOT LEAVE BLA	instructor; full-time or part-time employee; student employee; or NK)
Division:		Department:
Work No.:		Home No.:
Authorized By:	Supervisor responsible for retr	rieving keys, when employee leaves LCCC
	PresidentBsigns for Grand Ma	asters only
Key(s) Requested:	Building	(Write AExterior@ if exterior is needed)
	Room	
	Room	
	Room	
	Other	

I have read and fully understand the LCCC Internal Policy Number 8302; and, in recognition that these keys are the property of Laramie County Community College to be used in performing my job, I agree that, in the event I do not return my keys on my final day of employment at Laramie County Community College, my final wages will be offset by a "lost key" fee of \$80/key.

Employee=s Signature

NOTE: This request will be processed in the Physical Plant/ACC Administrative office. If hand delivering the request, please allow a 24-hour waiting period. If sending the request through campus mail, allow a 48-hour waiting period. If you have any questions, please call the Physical Plant Administrative Assistant at extension 1233, or the Administrative Assistant to the Dean of ACC at extension 4251.