



## Key Use Authorization and Acceptance Form (to be completed by issuing unit)

Name of key holder: \_\_\_\_\_

Location: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_

I acknowledge receiving the following keys for the medical office at: \_\_\_\_\_

Key Location	Key Number	Initials
Front Door Key		
Back Hallway Key		
Dirty Utility Room Key		
Waiting Room to Back Office Key		
Front Desk Key		
Lock Box Key		
Other Key (ex: Safe key, fob, etc.): _____		

I acknowledge receipt of such keys, and agree to use such keys only in accordance with the UCR Key Issue and Control Policy (450-22). In the event any issued key is lost or stolen, I agree to report such loss or theft immediately to my unit.

I agree that the above keys remain the sole and exclusive property of the University while in my possession and agree to return all keys to my unit upon termination of University duties or upon one business day's prior request by the unit. In the event that I fail to return any of the keys upon termination of University duties or within one business day of request by the unit, I agree that a key replacement fee may be charged by the University for each key not returned.

I understand that my name will be listed as the person responsible for the above issued keys in the department's record.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Upon Termination:

I have returned all keys issued to me and/or have made payment for the replacement of any lost keys.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date