

DSS KEY CONTROL FORM

Office					
Division/Section/Unit					
Keys Issued					
✓	Door or Type of Equipment	Number	Location	Date Received	Date Returned
<input type="checkbox"/>	Desk				
<input type="checkbox"/>	Desk				
<input type="checkbox"/>	File Cabinet				
<input type="checkbox"/>	File Cabinet				
<input type="checkbox"/>	Supply Cabinet				
<input type="checkbox"/>	Supply Cabinet				
<input type="checkbox"/>	Office Door				
<input type="checkbox"/>	Office Door				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				
I agree not to duplicate or loan out the above keys. I agree to return all keys to my Supervisor should I leave the Agency.					
Employee's Name:		Employee's Signature:		Date:	
Supervisor's Name:		Supervisor's Signature:		Date:	