

**Office of Juvenile Justice
Key Request Form**

Employee Name: _____

Date: _____

Action:	<input type="checkbox"/> Key Request	<input type="checkbox"/> Replacement	<input type="checkbox"/> Removal of Key
If replacement, was the key:		<input type="checkbox"/> Broken	<input type="checkbox"/> Lost
If the key is broken do you have the broken key:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the key attached to an Unusual Occurrence Report:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, in what location is the broken key:	_____		

Tag #	Key #	Lock / Brand	Building / Location	Door #	Department

Employee Responsibility Statement:

I am aware that keys assigned to be are my responsibility at all times. I will return the keys assigned to me directly to the facility's Key Control Officer upon ending my employment with the Office of Juvenile Justice.

Employee Signature: _____

Date: _____

Supervisor: Approved Denied

Supervisor's Signature: _____

Date: _____

Director: Approved Denied

Director's Signature: _____

Date: _____

Key Control Officer Signature: _____ Date Issued and/or Replaced: _____

This form shall be used to document the issue of a facility key, replace a broken or lost key, and/or remove a key from a tag that is no longer needed.