



Property & Key Control Form

Name: _____

Position: _____

Facility	Key #	Date	Initials
Master Satellite			
Sango/OPS			
DHS			
Main			
ID Badge			
Key Card			
Alarm Access Code			
CMCSS Laptop ID#			
CMCSS Laptop Charger Type			
Other: _____			

I acknowledge receipt of all keys/cards/codes indicated and Initialed above. I understand that it is a violation of CMCSS policy to allow anyone other than myself to use or copy any CMCSS key/card/code issued to me. I further understand if lost/stolen I need to report it immediately to Clinic Manager and I will be held financially responsible for replacement if my security actions taken to protect the Item is deemed inappropriate. Furthermore, if my alarm code shows unauthorized access to any facility, it will be grounds for immediate termination.

Employee Signature

Date

Clinic Manager

Date



Property & Key Return Control Form

Facility	Key #	Date	Initials
Master Satellite			
Sango/OPS			
DHS			
Norman Smith			
ID Badge			
Key Card			
Alarm Access Code			
CMCSS Laptop ID#			
CMCSS Laptop Charger Type			
Other: _____			

I acknowledge the return of keys/cards/codes indicated and initialed above. I understand that any key/card not annotated above that was issued to me will be deducted from my last check or will be due by the final day of my employment, payment and copy of OSM-F064 to the accounting office located at Central Office.

Employee Signature

Date

Clinic Manager

Date