

RETURNED KEY RECEIPT

Name: _____

Department or Company: _____

Today's Date: _____

Keys Returned: (List key numbers below. Return keys to Facilities, Bldg 20)

Employee Signature: _____

Facilities Accepted and Acknowledged by: _____

___ Ending employment ___ Employment continuing ___ Contractor

Are all keys returned? YES NO If no, list missing keys: _____